

THIS SHEET OFFERS GUIDANCE ON HOW TO COMPLETE THE NOISE RECORD SHEETS.

REIGATE AND BANSTEAD BOROUGH COUNCIL ENVIRONMENTAL HEALTH SERVICES
NOISE RECORD SHEET

These records should be hand written and each entry made at the time the noise is occurring.

Your Address: _____

Case Reference: _____

Investigating Officer: _____

| Date | TIME Please note AM/PM | | Address and Location of the Noise | Nature of Noise Causing the Problem | State how the Noise is Interfering with your Life | Signature |
|------|------------------------------|-------|--------------------------------------|--|--|-----------|
| | From | Until | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Insert the time the disturbance starts and note whether it is AM or PM.

Insert the exact address from where the noise is coming for **each** disturbance noted.

Clearly state how each noise disturbance affects you, e.g. prevents sleep, cannot hear tv, etc.

Every entry must end with the signature of the person making that entry.

Insert the time the disturbance stops and note whether it is AM or PM.

Briefly, but clearly describe the noise affecting you at the time, e.g. loud music, barking dog, etc.

Every person who writes on the form must also sign and date here.

I hereby certify that the above details are correct to the best of my knowledge and I will be willing to act as a witness should Reigate and Banstead Borough Council decide to instigate legal proceedings.

All persons making an entry on this form must sign.

Signed: _____

Dated: _____

Signed: _____

Dated: _____