

# Nuisance Record Sheet

Name: .....

Premises complained of: .....

Your Address: .....

.....

Telephone No.: .....

**Please use ball point pen only**

Date	Day	Time		Nature of Nuisance <i>Type - Noise/Smell/Dust, its level</i>	Impact <i>Please note how the nuisance affects you</i>
		From	To		

*Please continue overleaf if necessary*

These observations are true and accurate to the best of my knowledge and ability:

Signed: ..... Date: .....

*(To be signed by person making entries)*

**Please Note: This information may be used as evidence in any court case**

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