



## **Nuisance Diary**

	Affected premises	Source Premises
Address		
Contact Person		
Telephone		
Email Address		

Please Note: If you wish to provide additional information, it will be accepted, however you will need to sign and date each page.

**IMPORTANT: Please read carefully:** The Nuisance Diary must be completed in its entirety, partially completed diaries will not be accepted. The information provided in this Nuisance Diary may be used in legal proceedings. Therefore, all information recorded must be true and accurate. Please be advised that it is an offence to provide false or misleading information to an authorised officer.

Please note that the data contained in this Nuisance Diary may be used in an action that consists of enforcement action under the Local Nuisance and Litter Control Act 2016; consequently, if called upon to do so, you must be willing to attend court to:

- give evidence under oath, to support Council's allegation that you have been affected by a local nuisance; and,
- be subject to cross-examination.





## **Nuisance Diary**

Please fill out the table below outlining the details of your complaint and include all instances where the source of the nuisance is affecting you. Please ensure that the diary includes specific details of the time, date and duration for how and when the nuisance affects you. This information is required by Council to assist in the assessment of your complaint.

START TIME	END	DESCRIPTION OF NUISANCE	HOW DOES IT	LOCATION	OTHER COMMENTS
	TIVE		AFFECT FOO?	AFFECTED	
10.00am	10.20am	Compressor noise – high pitch Bin odour – pungent smell – lid open	I am not able to hear the television without turning it up very loud	Lounge Room	Clear cool day, light south easterly wind.
			Unable to open window	Kitchen	
		TIME	TIME     (ie. Observations – nature, colour, texture, extent, noise, odour, density, visual) see example below       10.00am     10.20am     Compressor noise – high pitch	TIME (ie. Observations – nature, colour, texture, extent, noise, odour, density, visual) see example below AFFECT YOU?   10.00am 10.20am Compressor noise – high pitch I am not able to hear the television	TIME   (ie. Observations – nature, colour, texture, extent, noise, odour, density, visual) see example below   AFFECT YOU?   AFFECTED     10.00am   10.20am   Compressor noise – high pitch Bin odour – pungent smell – lid open   I am not able to hear the television without turning it up very loud   Lounge Room

Please Note: If you wish to provide additional information, it will be accepted, however you will need to sign and date each page.

**IMPORTANT: Please read and sign:** In using this Nuisance record, I understand that the information provided may be used in legal proceedings and confirm it is an accurate record of events. I understand that providing false or misleading information to an authorised officer is an offence.

The person completing the form must sign the form.

PRINT NAME:\_\_\_\_\_

\_\_\_SIGNATURE:\_\_\_\_\_\_

\_ DATE: \_\_\_\_\_ Page \_\_\_\_ of \_\_\_\_\_