

# Declaration Form

Complainant Name .......................................................................................

Complainant Address .......................................................................................

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Contact details:

Home .......................................................................................

Mobile .......................................................................................

Work .......................................................................................

Email .......................................................................................

I certify that the information given on the diary sheets is a true and accurate record of the noise complained of.

Signed .......................................................................................

Dated .......................................................................................

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# NORTH LINCOLNSHIRE COUNCIL

## ENVIRONMENTAL HEALTH (COMMUNITIES)

## NOISE DIARY

**Address of Noise Complained About:** ………………………………………………………………………………………………..

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date | Time Start | TimeEnd | Nature of Noise | Persistent (P) orIntermittent (I) | Effects of Noise(Indicate how the noise affects you or your family) |
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**Address of Noise Complained About:** ………………………………………………………………………………………………………………………

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| --- | --- | --- | --- | --- | --- |
| Date | Time Start | TimeEnd | Nature of Noise | Persistent (P) orIntermittent (I) | Effects of Noise(Indicate how the noise affects you or your family) |
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