

## STATEMENT IN THE MATTER OF NOISE

Name:				
Flat / Street No: Street Name:				
Suburb or Town:				
Phone: Date of Birth:/	My age is:			
Occupation:				
Signature:	_ Date:/_			
Witness:	_ Date:/_	/		
This statement made by me accurately sets out the evidence which I would be prepared, if necessary, to give in court as a witness. The statement is true to the best of my knowledge and belief. I make it knowing that is it is tendered in evidence, I shall be liable to Prosecution if I have wilfully stated in it anything, which I know to be false or do not believe to be true.				
Description of Animal Concerned:  Property Address noise is emitting from:				

Date	Noise Start Time	Noise Stop Time	Duration of Noise	Description of Animal	Effect on Household
Eg. 01/02/12	5:00am	6:30am	1.5 hours	Crowing Rooster	Woke up family

Email: council@wollondilly.nsw.gov.au Web: www.wollondilly.nsw.gov.au

Date	Noise Start Time	Noise Stop Time	Duration of Noise	Description of Animal	Effect on Household

Additional Comments:	
Signature:	_ Date:/
Witness:	_ Date:/

## **PRIVACY POLICY**

By completing this form you are enabling Wollondilly Shire Council to collect personal information about you for the purpose of assisting in the determination process of your application. This information is required by law and failure to provide the information may lead to rejection or delays of your application. At any tine you have the right to access, view or correct the personal information that you have provided. The information will be stored in Council's record system and may be placed on Council's website or be subject to a request to access information under the Government information (Public Access) Act 2009 (GIPAA).