

COMPLAINT AS TO A NOISE



Date _____ Local Authority: Rockingham

Name: _____

Address: _____

Tel. No. / Mobile:- _____

Email Address: _____

NATURE OF COMPLAINT: _____

SOURCE OF OFFENDING NOISE - _____

(Property Address):- _____

Time of day when noise occurs: _____

FURTHER REMARKS: _____

SIGNATURE OF COMPLAINANT

NAME OF COMPLAINANT

The City of Rockingham is collecting your personal information to process a noise complaint investigation under the Environmental Protection (Noise) Regulations 1997. It may also be used for secondary purposes which would be reasonably expected.
We may share this information with other government agencies in order to assess the complaint. If you choose to not provide your personal information, we may not be able to process the application.
To access, correct or learn more about how we handle personal information please contact privacy@rockingham.wa.gov.au or visit rockingham.wa.gov.au/privacy.