Nuisance Record Form- Community Safety Unit Case 12856 12.7.2012

Record of noise &/or nuisance from (address of	premises)	
Name of occupier (if known)		
Description of type of noise nuisance		Number of pages
Record kept by name(s)	Address	
I certify that the following entries are a true recor	rd of events (Signed)	
It is important that all information s	hould be as accurate a	s possible since it may form the
basis of legal proceedings.		



Please return this form to:-Community Safety Unit B Block North, Civic Centre Silver Street Enfield EN1 3XA

The first line has been completed as an example for you to follow when recording your own information

Day and date	Time noise starts	Time noise ends	Disturbance/ type of Noise/incident	Effect of disturbance (e.g. sleep disturbance, headache, prevention of enjoyment of garden, damage etc.) Please write in full any abusive language used, including swear words. Please note Police ref no's if applicable	Location & or Name of person causing alleged noise/nuisance	Sign including date and time
Monday 1910912003	12:13am	1:27am		The noise stopped me (rom going to sleep and woke up my baby	Main bedroom o my flat	JBioggs 191912003 01:35am

PLEASE NOTE -UNSIGNED/ NCOMPLETE LOGS WILL BE RETURNED FOR COMPLETION