nce Record Form- Community Safety Unit Case 12856 12.7.2012

Reco	rd of noise	&/or nuisa	ince from (address of	premises)			
Name	of occupie	er (if knowr	n)				<u></u>
Desci	ription of ty	pe of noise	e nuisance			ENEIEI D	1
Record kept by name(s)				Address	ENFIELD Council		1
certify that the following entries are a true record of events (Signed)					Please return this form to:-		
	s of legal	l proceed	dings.	uld be as accurate as pos	B Blo	mmunity Safety Unit ock North, Civic Centr Silver Street Enfield EN1 3XA	
	Th	ne first line l	has been completed as	s an example for you to follow when			
nd	Time noise starts	Time noise ends	Source of 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	
ay 2003	12:13 am	1:27 am	Flat above my flat (flat number 34) Radio noise and music	The noise stopped me from going to sleep and woke up my baby		Main bedroom c my flat	J E 19 01
	of	SIGNED/	NCOMPLETE LOGS	S WILL BE RETURNED FOR CO	MPLETION	1	
nd	Time noise starts	Time noise ends	disturbance and type of noise	Effect of disturbance (e.g. sleep disturbance, headache, prevention of enjoyment of garden, damage e Please write in full any abusive laused, including swear words. Plea Police ref no's if applicable	n I etc.) (nguage I	Location and or Name of person Causing alleged Noise/nuisance	ii d a ti