If you are experiencing disturbance between 9am and 5.00pm Monday to Friday you should contact the Environmental Protection Team on <u>01782 742590</u> to request an Officer to visit and witness the matter being complained about. Where possible an Officer will visit to assess the matter to identify if it the Council is able to take formal action.

## \*\*RESTRICTED - ONCE COMPLETE\*\*

Criminal Justice Act 1967 s9; Magistrates Court Act 1980 s.5A(3)(a) and 5B Criminal Procedure Rules 2005 p27

Statement of (full name)					X Age if under 21X (if over 21 insert "over 21")						
This stateme	nt (consistined in evidence	ng of ce, I shall be	liable to prosecution	X pages, in if I have wilfully stated in it anyth	signed by me, is true to the best of my kno ning which I know to be false or do not beli	owledge and belief and I make it knowing that, eve to be true.					
Dated the			x	day of	<u>x 20 X</u> (Signature)	x					
DIARY	OF DIST	URBAN	CES								
Please Return Your Diary To: Environmental Heath Regeneration & Development Castle House, Barracks Road Newcastle-under-Lyme Staffordshire ST5 1BL			Your Uni C_ APP		Address of barking dog	Bothered by noise?  Download the noise app to your smartphone and let us hear all about it.  Transforming Noise Naisance Reporting and investigation with the noise app. com  Www.thenoiseapp.com  Download on the App Store					
Date	Time Started	Time Ceased	Duration Hours/Minutes	Rooms / Area Affected	Nature of nuisance	Describe How You Were Disturbed and How This Made You Feel					
Example 12/07/08→	6:10pm	8:45pm	2:35	Living Room, Bedroom	Dog Howling	Unable to relax or watch TV - Felt Uncomfortable					
Person Keep	ing The Diary				Neighbour / Witness Verifying Disturbance	Note:					
Name					Name:	Any neighbour/witness, if relevant, should sign their					
Signature:					Signature:	initials against the particular disturbances verified. This form may					
Address:					Address:	be used as an exhibit appended to a section 9					
Tel No:					Tel No:	witness statement. A witness may be required to attend court and give evidence under oath.					
				O.C., 11	· O. I. UNICL ACCIDID						

## \*\*RESTRICTED - ONCE COMPLETE\*\*

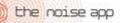
Statement of (full name)	Continued.	Page: _	of	Your Unique Complaint Number: c_
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Date	Time Started	Time Ceased	Duration Hours/Minutes	Rooms Affected	Nature of nuisance	Describe How You Were Disturbed and How This Made You Feel

Signature: (Person keeping the diary)

If you are experiencing disturbance between 9am and 5.00pm Monday to Friday you should contact the Environmental Protection Team on <u>01782 717717</u>, to request an Officer to visit and witness the matter being complained about. Where possible an Officer will visit to assess the matter to identify if it the Council is able to take formal action.

Bothered by noise? Download the noise app to your smartphone and let us hear all about it



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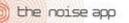
Statement of (full name)_	Continu	ed.	Page: _	of	Your Unique Complaint Number: c_
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Statement of (full name)_	Continu	ed.	Page: _	of	Your Unique Complaint Number: c_
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