

If you are experiencing disturbance between 9am and 5.00pm Monday to Friday you should contact the Environmental Protection Team on 01782 742590 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 21 _____ X (if over 21 insert "over 21")

This statement (consisting of _____ X pages, signed by me, is true to the best of my knowledge and belief and I make it knowing that, if 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.

Dated the _____ X day of _____ x20 _____ X (Signature) _____ X

DIARY OF DISTURBANCES

Please Return Your Diary To: Environmental Heath Regeneration & Development Castle House, Barracks Road Newcastle-under-Lyme Staffordshire ST5 1BL	Your Unique Complaint Number C_ APP: <div style="border: 1px solid black; padding: 2px; width: fit-content; margin-left: auto;"> Please add this from the letter we sent to you </div>	Address of barking dog	 <p><i>Bothered by noise?</i> Download the noise app to your smartphone and let us hear all about it.</p> <p>the noise app</p> <p>Transforming Noise Nuisance Reporting and Investigation www.thenoiseapp.com</p> <p>Download on the App Store GET IT ON Google play</p>
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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
<i>Example</i> 12/07/08	6:10pm	8:45pm	2:35	Living Room, Bedroom	Dog Howling	Unable to relax or watch TV - Felt Uncomfortable

Person Keeping The Diary
 Name _____
 Signature: _____
 Address: _____
 Tel No: _____

Neighbour / Witness Verifying Disturbance
 Name: _____
 Signature: _____
 Address: _____
 Tel No: _____

Note:
 Any neighbour/witness, if relevant, should sign their initials against the particular disturbances verified. This form may be used as an exhibit appended to a section 9 witness statement. A witness may be required to attend court and give evidence under oath.

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Statement of (full name) _____ Continued. Page: ____ of ____ Your Unique Complaint Number: C_

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 01782 717717, 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.



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