Comhairle Contae Loch Garman
Wexford County Council

**NOISE RECORD SHEET**

**ENV-COMP-_____**

| | |
|---|---|
| Name of Complainant: | |
| Address of Complainant: | |
| Contact number: | |
| Name and Address of premises complained of:<br><br>Eircode: | |
| Type(s) of Noise Nuisance Experienced: | |

| **Date:** | **Start time** | **End Time** | **Description of Noise** | **Other comments (Intensity)** |
|---|---|---|---|---|
| Eg. Monday 01/01/21 | e.g. 17.25 | e.g. 19.30 | e.g. Loud fans, reversing beeping noises, loud machinery, rumbling. | e.g. Noise woke me up, intermittent screeching, louder after 6pm. |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

| Date: | Start time | End Time | Description of Noise | Other comments (Intensity) |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

I / We the undersigned hereby certify that the following information given herewith is to the best of my / our knowledge accurate and true.

Signature of complainant: _____ Date:_____

I / we are willing to attend Court and give evidence, if proceedings are instituted arising out of this complaint.

Signature of complainant: _____ Date:_____