



NOISE INFORMATION /COMPLAINT FORM

My peace and quiet was disturbed by a:

(type/nature of noise)

At the time of the noise, I was at:

(Complainant's address)

The noise came from:

(street address and/or name of person where offence occurred)

Noise Disturbed my peace and quiet on following occasions:

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

I _____ verify this information to be accurate to the best of my ability and I am aware that I may be required to appear as a witness to testify if the matter proceeds to court.

Signature of Complainant

Sworn before me at the Municipality of Central Huron
this _____ day of _____, _____.

Signature Commissioner of Oaths
Municipality of Central Huron
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