



Health Investigation Request Form

Your Contact Details	
Name:	
Address:	
Postal Address:	
Phone: (W)	(M)
Email:	
Details of Other Party (if known)	
Name:	
Address:	
Phone:	
Details of the Problem	
Please outline/describe the details of the problem: (<i>Please Note: If the problem is regarding Noise please also complete the section on the following page</i>)	
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Action Taken	
Have you discussed this issue with the other party concerned?	Yes / No
Please outline what action you have taken to resolve this issue.	
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Signature:	Date:

For Noise Complaints, please complete the following page.

This page is for Noise Complaints Only

Please identify the pattern of Noise Occurrence

What do you believe to be the source of the noise? *EG. The lawn mower at 10 Smith Street*

What time does the noise occur? *EG. Approximately between 6am to 8am*

For how long does the noise occur? *EG. Approximately 2 hours on each occasion*

How often does the noise occur? *EG. Every second Sunday morning (in summer only)*

Any other information that may be of assistance:

Please note: Resolving some noise issues can become protracted and may require you to liaise directly with the investigating Environmental Health Officer to achieve the desired outcome.