

Health Investigation Request Form

City of Kalamunda



* To avoid any delays in the investigation please ensure all information below is provided in full.

Your Contact Details

Name:

Address:

Phone: (Office Hours)

(M)

Email:

Details of Other Party (if known)

Name:

Address:

Phone:

Details of the Problem

Please outline/describe the details of the problem: *(Please Note: If the problem is regarding Noise please also complete the section overleaf)*

Action Taken to Resolve the Problem

Have you discussed this issue with the other party concerned?

Yes / No

Please outline what action you have taken to resolve this issue: *(Please Note: Unless you have discussed this matter with the other party, the City's Environmental Health Officers generally cannot intervene)*

Signature of Applicant:

Date:

OFFICE USE ONLY

Action ID No:

Request Category:

File No:

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 that it has been our experience that 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.

Further information can be obtained from the City of Kalamunda Health Service on 9257 9813.