Trafford Council
Noise Nuisance Diary Sheet

TRAFFORD COUNCIL

Complaint Reference No:	
Your name (complainant):	
Your Address:	
Tel:	
Email:	
Address causing problem:	
Name of occupant and/ or Landlord (if known):	
Have you contacted those responsible for the nuisance?:	YES / NO
If yes, when? (date):	
If yes, how?	In person / By telephone / By letter / OTHER
Details of their response:	

Please continue to keep a record of the nuisance incidents for a period of 14 days

Day	Date	Start Time	End Time	Description of problem (i.e. loud music)	What effect does this have? (e.g. loss of sleep; could not use garden; had to close windows)

Day	Date	Start Time	End Time	Description of problem (i.e. loud music)	What effect does this have? (e.g. loss of sleep; could not use garden; had to close windows)

I certify that this is a correct and accurate record of the above nuisance witnessed.

Signed	Print name	Date

Please return to:
Regulatory Services, Trafford Council, Trafford Town Hall, Talbot Road, Stretford, Trafford M32 0TH
Tel: 0161 912 1377 Fax: 0161 912 1113
environmental.protection@trafford.gov.uk