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| **Trafford Council****Noise Nuisance Diary Sheet** | Trafford_Logo_Black_On_White_Square1 |
| 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**

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

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| **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