Record of air pollution nuisance occurrences



l	(name)
ofwish to submit the following record indicating the dates, times, c	, ,
emanating from	(subject premises)
I would be prepared to give evidence in court if required testifyin which this noise affects me.	ng that this record is accurate and the manner in
Signature	Date

Date	Time	Duration	Characteristics

Phone: Customer Service – 9083 8000 | Email: info@waverley.nsw.gov.au

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