



CITY OF LONG BEACH

DEPARTMENT OF HEALTH AND HUMAN SERVICES | BUREAU OF ENVIRONMENTAL HEALTH

NOISE CONTROL PROGRAM

2525 Grand Avenue Room 220 | Long Beach, CA 90815 | Hotline: (562) 570-4126 Fax: (562) 570-4038
www.longbeach.gov/health/eh



NOISE COMPLAINT FORM

COMPLAINANT INFORMATION

FIRST COMPLAINT SECOND COMPLAINT

Name: _____ Phone: _____

Address: _____ Long Beach, CA Zip code: _____

Describe how this noise affects you: _____

NOISE SOURCE INFORMATION

Name: _____ Phone: _____

Address: _____ Long Beach, CA Zip code: _____

Describe Noise: _____

Start Date _____ End Date (if applicable) _____

Start Time _____ End Time _____

Occurring Day(s): Sun Mon Tues Wed Thurs Fri Sat

I hereby declare and certify under penalty of perjury that the information supplied on this noise complaint is true and correct to the best of my knowledge.

Printed Name of Complainant _____

Signature of Complainant _____

Date _____

FOR OFFICE USE ONLY

Approved Rejected Complaint # CO000

Received/by:
(Stamp) (Initial)

Complaint Restrictions / Reason for Rejection:
