

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: