

## NOISE COMPLAINT FORM

### COMPLAINANT INFORMATION

FIRST COMPLAINT     SECOND COMPLAINT

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Long Beach, CA Zip code: \_\_\_\_\_

Describe how this noise affects you: \_\_\_\_\_

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### NOISE SOURCE INFORMATION

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Long Beach, CA Zip code: \_\_\_\_\_

Describe Noise: \_\_\_\_\_

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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: