**Our Reference:**

**Officer:**

**Date:**



**Nuisance Log Sheet**

Please make sure these are completed fully so we can deal with your complaint as soon as possible

|  |  |
| --- | --- |
| **Your Details** | |
| Name |  |
| Address |  |
|  |  |
| Telephone Number |  |

|  |  |
| --- | --- |
| **What is the nuisance?** | |
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|  |  |
| --- | --- |
| **Where is the nuisance from?** | |
| Name (if known) |  |
| Address |  |
|  |  |

Please fill in the next pages with details about the nuisance that is effecting you.

Record any incidents you feel are having an effect on your health.

Be as accurate as possible as we may rely on the information provided in court.

Return these log sheets when completed to:

**Email:** [**environmentalhealth@knowsley.gov.uk**](mailto:environmental.health@knowsley.gov.uk)

**Knowsley Metropolitan Borough Council**

**Environmental Health Service**

**2nd Floor Municipal Building**

**Archway Road**

**Huyton L36 9FB**

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| **Date** | **Time Started** | **Time Stopped** | **Describe the Nuisance** | **How did this have an effect on you?** | **Rank**  **1 - 10** | |
| **Example**  **1/2/11** | **1 pm** | **2 pm** | **Dog Barking, neighbours have left it out all day** | **Could not concentrate and my children couldn’t do their homework.** | **8/10** | |
| **Example**  **2/11/10** | **6 pm** | **7 pm** | **Bonfire lit again, right next to my fence, causing thick smoke to blow across into my garden** | **Couldn’t sit in my garden, had to close all my windows even though it was a hot day, house smelled all evening.** | **9/10** | |
| **Example**  **8/5/11** | **12.30 am** | **2 am** | **Music thumping constantly, like last weekend. Bass vibrating through the walls, so loud I could hear the lyrics of the song** | **Baby crying as she was woken up from sleep. I couldn’t sleep and was up for work early so very tired in work.** | **10/10** | |
| **Start your log sheet from here** | | | | | | |
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| **Date** | **Time Started** | **Time Stopped** | **Describe the Nuisance** | **How did this have an effect on you?** | **Rank**  **1 – 10** |
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| **Date** | **Time Started** | **Time Stopped** | **Describe the Nuisance** | **How did this have an effect on you?** | **Rank**  **1 – 10** |
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**I declare that the information I have given is a true description of what I have witnessed:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Signed** |  | **Print Name** |  | **Date** |  |