

BARKING DOG NOISE NUISANCE COMPLAINT

IMPORTANT NOTICE

Goondiwindi Regional Council is collecting this information in order to comply with its responsibilities and obligations as a Local Government. The information will only be used by Council Officers or Agencies which may have a legitimate need for the information to process applications or the like. Your information will not be given to any other Agency until you have given us permission or we are required to by law.

Complainant Details: *(Please note that incomplete complaints may not be investigated)*

Name: _____

Residential Address: _____

Postal Address: _____

Home Number: _____ Mobile _____ Work: _____

Complaint Information:

Location of property where noise is occurring: _____

Number of dogs at the property: _____

Details of the nuisance animal/s:

Breed: _____ Colour: _____ Size: _____

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Frequency of noise heard: Daily Weekly Periodically

Day/s noise is usually heard: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

When does the dog usually bark? During the day During the night When owner is not home

When people/objects come near fence Other _____

Council Officers are required to witness the noise nuisance. Can you suggest suitable days and times Council may conduct assessments: _____

Have you approached the owner about the nuisance dog/s. Yes` No

Date of contact: _____ Type of Contact: _____

Have you sighted the dog/s that are barking? Yes No

When did the noise nuisance first become noticeable? _____

Customer Summary:

I acknowledge that this information provided by me will be used by Goondiwindi Regional Council as evidence to substantiate the dog barking noise nuisance from the above address. I am prepared to attend court as a witness to give evidence regarding all matters relating to allegations that I have made concerning the dog on the above property barking excessively.

Signature _____ Date _____

