



**NOISE REPORTING RECORD FORM**

Noise Location: \_\_\_\_\_  
Address

**Please provide the specific times and dates that you are disturbed:**

Date	Start Time	End Time	Describe Noise	How are you disturbed?

Name: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Please Print)

Date: \_\_\_\_\_ Your address: \_\_\_\_\_

*Personal information on this form will be used to investigate the noise complaint pursuant to Section 27 of the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, as amended. Questions about this collection should be directed to Kerstin Vroom CAO/Clerk, 4304 Highway 520, Magnetawan, ON P0A 1P0, Telephone: (705) 387-3947 or Email: kvroom@magnetawn.com*