

Department of Health and Human Services

Noise Control Office

2525 Grand Avenue, Room 222

Long Beach, California 90815 * (562) 570-4126

NOISE COMPLAINT FORM

NOISE SOURCE INFORMATION

Address of Source: _____

Name of Source: _____ Phone: _____

Describe Noise: _____

Time of Day/Night Occurring: _____

Day(s) Occurring: _____

COMPLAINANT INFORMATION

Name: _____ Phone: _____

Address: _____

Describe how the noise affects you: _____

I hereby declare and certify under penalty of perjury that the information supplied on this noise complaint form is true and correct to the best of my knowledge.

Signature of Complainant

Date