



Regional District of Central Kootenay
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 (Bylaw Enforcement Officer)

NOISE INFORMATION SHEET

My peace and quiet was disturbed by a _____

_____ (state type of noise)

At the time of the noise, I was at _____ (street address)

_____, BC.
 (City/Town)

The noise came from _____ (street address)

_____, BC.
 (City/Town)

NOISE DISTURBED MY PEACE AND QUIET: (state time and date)

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

FROM: _____ **TO:** _____ **DATE:** _____

I wish to keep my name confidential.

Name: _____ **Date:** _____