DISTRICT OF Sooke

NOISE EVIDENCE LOG

Page _____ of _____

Noise Source:

Address _____

Occupant/Owner _____

Activity: _____

DATE	TIME		NOISE DESCRIPTION	INITIALS
YY/MM/DD	start	stop	shrill / repetitive / penetrating / woke me / heard indoors, etc.	

INSTRUCTIONS TO COMPLETE

- If multiple persons make entries, provide initials at each entry
- All complainants must sign, date, and provide contact details on back of every page.
- EVERY entry must be 100% accurate: court appearance and testimony may be required
- When any 3 representative incidents or any 10-day period is logged, forward all pages to the Bylaw Enforcement Department for consideration of enforcement action.

District of Sooke Bylaw Enforcement: bylaw@sooke.ca 250-642-1634

2205 Otter Point Rd, Sooke B.C. V9Z 1J2