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**Compliance Investigation**

**Request Form**

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| **Your Contact Details** |
| Name: |
| Address: |
| https://public.adobecc.com/libraries/1AHMQGNHEB3I35Q4OJIMBIVD0WHFFF/f147d313-705c-464a-b0aa-778cde3fc231/:rendition;size=1200;version=0?accept=image/png&api_key=CreativeCloudWeb1 Postal Address: |
| Phone: (W) (M) |
| Email: |
| **Details of Other Party (if known)** |
| Name: |
| Address: |
| Phone: |
| **Details of the Problem** |
| Please outline/describe the details of the issue (if insufficient space please attach additional page): (***Please Note: Noise complaints are dealt with by the City’s Health Team)***     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Action Taken** |
| Have you discussed this issue with the other party concerned? **Yes / No**  |
| Please outline what action you have taken to resolve this issue.   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_If applicable: attach any photos to support the concerns raisedPlease **do not** trespass on private property to gain these |
| **Signature: Date:** |

 **Please return completed form to**: enquiries@kalamunda.wa.gov.au

 Note: Resolving Compliance issues can take time as the City’s preference is to work with property owners

 to ensure compliance outcomes are reached.

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