



City of Timmins Municipal Law Enforcement  
220 Algonquin Blvd. East  
Timmins ON  
P4N 1B3

## EXCESSIVE NOISE EVIDENCE SHEET

Name of Complainant(s):	
Address:	
Postal Code:	Phone:
Address of Noise(s):	
Description of Noise(s):	

DATE	TIME STARTED	TIME STOPPED	Describe Where The Noise Is Coming From	Can You See The Source?	Type of Noise	Description of Person(s) Creating Noise

<b>NOTES:</b>

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Signature of Complainant(s)