City of Cockburn | Health Services

## **Health Services Request Form**



Please ensure the complaint location is within City of Cockburn

Name		
Address		
Email		
Work Phone	Home Phone	Mobile
Address of property creating	ng a nuisance	
Unit Number	Street Number	
Street Name		
Suburb		
Nature of the nuisance		
Issue Type		
Noise	Dust	Odour
Pest	Food	Pollution/Refuse
Other – Please specify:		
Frequency of Issue		
Daily	Every 2-6 Days	Weekly
Every 2 Weeks	Monthly	
Time of Day the issue occurs		
Morning	Midday	Afternoon
Night	Other Please specify:	

Full details			
How have you attempted to resolve this matter			
Spoken directly to property owner or tenant – Please provide information of	n what was said:		
CoSafe – Please provide reference number:			
Police – Please provide CAD number:			
No action			
Please Note			
1. The information disclosed on this form is taken in confidence, however it show Cockburn is subject to the Freedom of Information Act 1992.	ald be noted that the City of		
2. While every effort will be made to resolve your request promptly, please unde limited resources and environmental health issues need to be dealt with in or			
3. Council undertakes to notify you within 15 working days of this form being rehas progressed.	turned of how your request		
4. Should further details be required, an officer will contact you via phone or e-n	nail.		
5. Please ensure that all areas are completed.			
In some cases there is a need for the matter to go to Court. I confirm that Court and give evidence if necessary.	I am prepared to attend		
Date Signature			
Please post or email form back. City of Cockburn, 9 Coleville Crescent Spearwood or PO BOX 1215, Bibra Email: <a href="mailto:health@cockburn.wa.gov.au">health@cockburn.wa.gov.au</a>	Lake 6965.		