Online Version found here

City of Cockburn | Health Services

## **Health Services Request Form**

City of Cockburn Cockburn wetlands to waves

Please ensure the complaint location is within City of Cockburn

Name		
Address		
Empil		
Work Phone	Home Phone	Mobile
Address of property creating	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:	

## **T** 08 9411 3444 | **F** 08 9411 3333 health@cockburn.wa.gov.au | **www.cockburn.wa.gov.au**

Full details		
How have you attempted to resolve	e this matter	
Spoken directly to property own	er or tenant – Please provide information on what was said:	
CoSafe – Please provide referen	ce number:	
Police – Please provide CAD nu	nber:	
No action		
Please Note		
1. The information disclosed on this Cockburn is subject to the Freedo	form is taken in confidence, however it should be noted that the City of m of Information Act 1992.	
-	resolve your request promptly, please understand that Council has tal health issues need to be dealt with in order of priority.	
3. Council undertakes to notify you within 15 working days of this form being returned of how your request has progressed.		
4. Should further details be required, an officer will contact you via phone or e-mail.		
5. Please ensure that all areas are	completed.	
In some cases there is a need f Court and give evidence if nece	or the matter to go to Court. I confirm that I am prepared to attend ssary.	
Date	Signature	

## Please post or email form back.

City of Cockburn, 9 Coleville Crescent Spearwood or PO BOX 1215, Bibra Lake 6965. Email: health@cockburn.wa.gov.au