



Noise Ordinance Violation Complaint Form

Asheville Police Department
Administrative Services Division
PO Box 7148
Asheville, NC 28802

Name of the Alleged Defendant

Name:

(Owner/Operator)

Address:

(Where noise violation is occurring or address of alleged violator)

Vehicle Information (if applicable):

(Year, make, model, license plate, if applicable)

Have you contacted alleged violator and attempted to resolve problem (If so, when)?

Is this the first time you have registered a complaint against this individual (if the answer is no, please list the other times you complained)?

Date of Violation: _____ Time of Violation: _____

Describe the noise violation (use additional paper if necessary):

I verify that the information given on page 1 is the true and correct to the best of my knowledge.

This the _____ day of _____, _____.

Complainant #1

(Signature)

Print Name:

Address:

Phone Number:

Complainant #2

(Signature)

Print Name:

Address:

Phone Number:

This complaint form must be completed by two or more individuals who live at two separate addresses. A hearing of this complaint shall occur within 15 days of receipt but may be extended by order of the Board. You will be notified of the date, time and location for the hearing of this complaint. You must appear before the board to present your side. It is your responsibility to contact any witnesses that are willing to speak on your behalf.

Original: Noise Ordinance File Copy two: Complainant