LLD/9
LIQUOR CONTROL ACT 1988
Section 117

COMPLAINT ABOUT NOISE, DISTURBANCE ETC

To the Director of Liquor Licensing

Please print neatly in BLOCK LETTERS

1. CONTACT DETAILS FOR THE COMPLAINT

(a) Full name: ____________________________________________________________

(b) Postal address for service of documents: _________________________________
    Post Code: ______________

(c) Daytime contact Name: ________________________________________________
    Telephone number: (          )__________________________________________
    Mobile: ______________________________________________________________
    Email Address: _________________________________________________________

2. DETAILS OF LICENCE COMPLAINED AGAINST

(a) Licence number: ______________________________________________________

(b) Name of Licensed Premises: ____________________________________________

(c) Address of Licensed Premises: __________________________________________
    Post Code: ______________

(d) Name of Licensee: ____________________________________________________

3. STATUS OF COMPLAINANT

The complainant lodges this complaint:

☐ as or on behalf of the Commissioner of Police

☐ on behalf of ____________________________________________________________
    being the council of the municipality in which the licensed premises are situated

☐ on behalf of ____________________________________________________________
    being the council of the municipality adjacent to the licensed premises

☐ as a person claiming to be adversely affected by the subject matter of the complaint. (Please note that a complaint may only
    be made by three or more unrelated persons, unless special circumstances apply.)
4. DETAILS OF COMPLAINT

Outline the matters which have given rise to the complaint or attach a submission detailing these matters:

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*Please attach separate additional pages if the space here is not enough

5. DECLARATION

This complaint about noise and disturbance is hereby made in accordance with, and on the basis of the information set out above.

Dated the __________________________ day of ____________________________ / ______

IDENTITY OF COMPLAINANT - LIST AT LEAST THREE UNRELATED ADULT INDIVIDUAL PERSONS:-

Name of Complainant 1 (please print clearly)  Signature of Complainant 1

(b) Postal address for service of documents:__________________________________________

Post Code:________________________

(e) Daytime contact Name:__________________________________________________________

Telephone number: (    ) ____________________________
<table>
<thead>
<tr>
<th>Name of Complainant 2 (please print clearly)</th>
<th>Signature of Complainant 2</th>
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<tbody>
<tr>
<td>(b) Postal address for service of documents:</td>
<td>Post Code:</td>
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<tr>
<td>(e) Daytime contact Name:</td>
<td>Telephone number: ( )</td>
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<tr>
<td>Name of Complainant 3 (please print clearly)</td>
<td>Signature of Complainant 3</td>
</tr>
<tr>
<td>(b) Postal address for service of documents:</td>
<td>Post Code:</td>
</tr>
<tr>
<td>(e) Daytime contact Name:</td>
<td>Telephone number: ( )</td>
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</tbody>
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*Please attach additional pages for additional complainants*