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| --- | --- | --- |
|  |  | **Kevin Summers** Supervisor Licensing Enforcement |
| Municipal Licensing and StandardsJohn Decourcy Director of Bylaw Enforcement | Licensing Enforcement 433 Eastern AveToronto, ON M4M 1B7 | **Reply to: Daniel Broadley****Tel: 416-397-1104****Fax: 416-392-3395****dbroadl@toronto.ca** |

**Re: Noise Complaint**

An investigation request has been initiated with respect to your complaint pertaining to noise. In order to make a determination if there is in fact a violation to Chapter 591 of the Toronto Municipal Code, we require you to provide your evidence regarding the noise and how it is **affecting your quality of life**. Noise in itself is not illegal but there are times and locations where the noise may be a violation to a Chapter 591.

The City of Toronto's By-law (Toronto Municipal Code Chapter 591- Noise), is in place to deal with excessive noise. Therefore, in order to assist you with your complaint, we require detailed information (written notes) that will allow us to demonstrate to the Courts that the noise you are concerned about is in fact excessive.

Enclosed are forms which have been provided to gather this information. We are requesting that you complete the logs which include a description of the noise, start/finish times, and the date of occurrence. Please review the instructions and upon completion, a copy of the documents should be sent to the Municipal Licensing and Standards Officer.

When assessing whether or not the noise you hear is excessive, address the following when completing the logs:

* Can I identify the noise and **where** it is coming from?
* What is the likelihood of the noise continuing or is the noise necessary due to an unusual set of circumstances and therefore not likely to re-occur?
* Is it possible that the person responsible for the noise does not realize I am being disturbed? Should I first speak to the person and give them an opportunity to correct the problem?
* How is the noise bothering me; is it interfering with my day-to-day lifestyle? Describe.
* Are you aware if the noise is disturbing other people in the neighbourhood? If so, are they prepared to come forward and give evidence in Court, if necessary?

Please review the attached forms and when this information has been gathered, a copy of the information should be sent to our office at the address shown above. You or any witness may be required to attend Court to present your evidence. The decision to prosecute will be based upon a review of the evidence by the Municipal Licensing and Standards Department and the City of Toronto Legal Services.

Respectfully

Daniel Broadley

Municipal Standards Officer Badge # 362

SCHEDULE A

This information is critical and forms the basis for the prosecution. Important details to be included are as follows:

1. Describe how the noise affected you. Statements like “I was awoken by the noise”, “I was trying to read but could not concentrate”, or “I had to turn the volume to the maximum to hear the television”.
2. The 'Point of Reception' is the specific location in your home or on your property where you are when you hear the noise that is disturbing you.

|  |  |
| --- | --- |
| Your Name: |  |
| Your Address:  |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Address where the noise is coming from: |  |
| Investigation Request No: |  |
| Have you spoken to the person responsible for the noise? |
| When: |
| Who did you speak to? |

**Please use the following noise log format to capture the occurrences.**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |
| Date: |   | Time From: | Time To: |
| Address where the noise is coming from: |  |
| Type of Noise: |  |
| Location where Disturbed and How You are affected: |  |
| Address where the noise is coming from: |  |

**SCHEDULE B**

Please record the full name, phone number (business and home) and address of every person recording noise occurrences on the following form**.**

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postal Code: |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Dates not Available: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postal Code: |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Dates not Available: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postal Code: |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Dates not Available: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postal Code: |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Dates not Available: |  |

|  |  |
| --- | --- |
| Name: |  |
| Address: |  |
| Postal Code: |  |
| Home Telephone: |  | Work: |  | Cell: |  |
| Dates not Available: |  |

### SCHEDULE C

The following Witness Consent Form must be signed and dated by the witness.

|  |
| --- |
| WITNESS CONSENT FORM |
| **Investigation Request No:** |  |
| **Address where the noise is coming from:** |  |
| **Witness Surname:** |  |
| **Witness First Name:** |  |
| **Address:** |  |
| **Home Telephone:** |  |
| **Business Telephone:** |  |
| **Cellular Telephone:** |  |
| **Source and description of alleged by-law infraction, contrary to Toronto Municipal Code, Chapter 591, Noise Amended:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

I, the undersigned, herby consent to appear as a witness on behalf of the City of Toronto, in conjunction with the above alleged violation, and further accept the obligations attached to this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Name (Please Print)

**SCHEDULE D**

The following information is provided for all witnesses who may be required to attend court.

**COMPLAINANT AND WITNESS REQUIREMENTS**

1. You are required to complete the noise log at the time of the alleged violations.
2. The specific times, dates and description of the alleged noise infraction and how it has disturbed the quiet, peace, rest, enjoyment, comfort or convenience of the inhabitants of the City.
3. The noise log should capture a 20 day calendar period as a minimum.
4. At the completion of the 20 day calendar period or longer as necessary, the noise log should be sent to the Municipal Licensing and Standards Division at the address as indicated in this correspondence.

**IF/WHEN A PROSECUTION IS COMMENCED**

* 1. The proceedings are presided over by a Justice of the Peace at the Ontario Court of Justice.
	2. If the witness does not attend the trial, the case will be withdrawn.
	3. The Prosecution and Investigations Support Unit will communicate with the witness regarding any changes with respect to the trial date, including adjournments and other postponements that may affect the witness.
	4. The defendant is entitled to representation by Counsel.