

NUISANCE CAT REQUEST FORM AND DIARY

APPLICANT			
Title:	Given name:	Family name:	
Home address:			
			Postcode:
Postal address:			
			Postcode:
Phone:	Email:		
CAT DESCRIPTION / OWNER INFORMATION (COMPLETE AS MUCH AS POSSIBLE)			
Address where cat/s kept:			
			Postcode:
Owner's name (if known):			
1 st cat breed or description:			Colour:
2 nd cat breed or description:			Colour:
3 rd cat breed or description:			Colour:
NUISANCE CAT DETAILS			
The cat/s noise and issues (as described) constitutes a nuisance to me because:			
Have attempts been made to approach the cat owner to discuss the matter?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide further detail to the previous question:			
How long do you estimate that this problem has been going on for?			
DECLARATION			
I hereby declare that all particulars given by me in this form are true and correct.			
Signature:			
Applicant name:			Date:

NUISANCE CAT DIARY

COMPLETING THE DIARY

Please record all nuisances over a seven-day period and return to council.

Entries need to be accurate, including:

- start time and end time - the time that the nuisance started and ceased is to be recorded
- cause of nuisance - record if there are any identifiable cause or reasons

RETURNING DOCUMENTS TO COUNCIL

For your convenience, Council offers a number of ways for you to return documents:

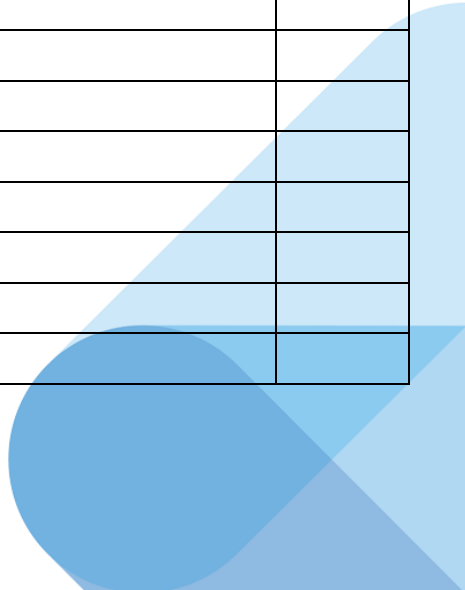
- scanning and **emailing** to alex@alexandrina.sa.gov.au
- **posting** to Alexandrina Council, PO BOX 21, Goolwa SA 5214
- **hand-delivering** it to one of the Council's Customer Care centres, located in Strathalbyn and Goolwa

YOUR INFORMATION	
Name:	Phone:
Address where cat/s kept:	
	Postcode:

DATE	START TIME	END TIME	CAUSE OF NUISANCE (IF KNOWN)	IMPACT	INITIAL
30.11.2018	10.02am	10.05am	Male cat fighting another unknown cat	Disturbed sleep	CP
30.11.2018	2.55pm	3.08pm	Found cat asleep on my car bonnet – bonnet scratched	Repairs required	CP
01.12.2018	6.01 am	6.05 am	Cat spraying / defecating in my property	Health concerns	CP



DATE	START TIME	END TIME	CAUSE OF NUISANCE (IF KNOWN)	IMPACT	INITIAL



DATE	START TIME	END TIME	CAUSE OF NUISANCE (IF KNOWN)	IMPACT	INITIAL



Alexandrina Council

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