

# Conciliation Of Complaint Application

Customer Service Centre  
 Visit us: 91 Grenfell Street, ADELAIDE SA 5000  
 Mail to: GPO Box 2169, ADELAIDE SA 5001  
 Ph: 08 8226 8655  
 Email: applications@agd.sa.gov.au  
 Web: www.cbs.sa.gov.au

For assistance with this application, refer to the 'Noise Brochure'

1. **Applicant**  
(complainant)
  
2. **Contact details for enquiries**

Name:	
Phone:	Mobile:
Fax:	Email:
  
3. **Address for service of notice**

No:	Street:
Suburb/Town:	Postcode:
  
4. **Premises business (trading) name**
  
5. **Licence number**

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6. **Address of premises**

No:	Street:
Suburb/Town:	Postcode:
  
7. **I lodge this complaint**  
(tick one or more)
  - As a member of the Police Force
  - On behalf of the local council for the area in which the licensed premises is situated
  - As a person claiming to be adversely affected by the subject matter of the complaint, on behalf of at least 10 persons who live in (reside), work or worship in the vicinity of the licensed premises. An instrument of authorisation giving names, addresses and signatures of those persons is annexed to this application (see overleaf)
  - The complaint is such that it should be admitted despite non-compliance with the requirements listed above.

