



AFFIDAVIT OF UNREASONABLY LOUD AND RAUCOUS NOISE



**Pinellas County Code Enforcement
631 Chestnut St.
Clearwater, FL 33756
(727) 464-4761**

1. Affiant:

First Name _____ MI _____ Last Name _____
Address _____
City _____ State _____ Zip _____
Telephone _____

2. Affiant attests and affirms that the noise occurs at (give location or address):

3. Describe the noise and specific dates and times it has occurred:

Description	Date	Time

I swear and affirm the above statements are true and correct to the best of my knowledge and belief and I acknowledge that I will be required to appear in a court of law to present testimony and evidence based upon my statements made herein.

Signature

Date

**State of Florida
County of Pinellas**

Sworn to and subscribed before me by means of physical presence, this _____ day of _____, 20____
by _____.
Printed Name of Affiant

Signature of Notary Public – State of Florida

Name of Notary Typed, Printed or Stamped

Personally Known __ OR
Produced Identification __
Type of Identification Produced: _____