

## **CITIZEN NOISE COMPLAINT**

**Provide as much information as you can *safely* obtain.**

**Date of incident:** \_\_\_\_\_

**Place of incident (must be within St. Petersburg city limits):**

\_\_\_\_\_

**Tag number (must be Florida tag)** \_\_\_\_\_

**If possible, provide:**

**Make and model of car:** \_\_\_\_\_ **Color of car:** \_\_\_\_\_

**Description of driver:** Male \_\_\_ Female \_\_\_ **Approx. age** \_\_\_\_\_ **Race** \_\_\_\_\_

**Any other details:** \_\_\_\_\_

\_\_\_\_\_

**YOU DO NOT HAVE TO PROVIDE YOUR NAME. However, please note that any information provided to the City of St. Petersburg becomes public record.**

**Name and Address (Optional)** \_\_\_\_\_

**I wish to remain anonymous**

Neighborhood Partnership Office  
City of St. Petersburg  
PO Box 2842,  
St. Petersburg, FL 33731