

**Village of Briarcliff Manor Chapter 146
Noise Law Affidavit of Complaint**

Complainant: (First and Last Name and Full Address REQUIRED)	Owner: (First and Last Name and Full Address REQUIRED)	
Complainant Phone Number (REQUIRED) and Email Address	Owner Phone Number and Email Address (If Known)	
SELECT VIOLATIONS (REQUIRED)		
<p>Other than the exceptions provided by Chapter 146, any noise produced by any act or activities plainly audible from adjacent properties between the hours of 6:00 p.m. and 8:00 a.m., or at any time on Sundays and holidays, shall be prima facie evidence of a violation. Holidays are New Year's Day; Dr. Martin Luther King, Jr., Birthday; Lincoln's Birthday; Columbus Day; Election Day; Veterans' Day; Washington's Birthday; Easter; Memorial Day; Independence Day; Labor Day; Yom Kippur; Thanksgiving Day; and Christmas.</p> <p><input type="checkbox"/> 146-5A Excessively loud noise, residential districts <input type="checkbox"/> 8am to 6pm <input type="checkbox"/> 6pm to 8am <input type="checkbox"/> Sundays or holidays</p> <p><input type="checkbox"/> 146-5B Excessively loud noise, commercial districts <input type="checkbox"/> 8am to 6pm <input type="checkbox"/> 6pm to 8am <input type="checkbox"/> Sundays or holidays</p> <p><input type="checkbox"/> 146-6A Construction Activity, after permitted hours <input type="checkbox"/> 146-6D Property Maintenance, after permitted hours <input type="checkbox"/> 146-6E Celebrations, excessive noise or after permitted hours <input type="checkbox"/> 146-6G Animal sounds <input type="checkbox"/> exceeding 10 continuous minutes between 7am to 9pm <input type="checkbox"/> exceeding 5 continuous minutes all other times</p> <p><input type="checkbox"/> 146-6P Fireworks <input type="checkbox"/> School Night <input type="checkbox"/> Lasting more than 30 minutes <input type="checkbox"/> After 10pm</p> <p><input type="checkbox"/> All other noise-related complaints</p>		
Location Violation Occurred (address / intersection) (REQUIRED)	Date of Violation (REQUIRED)	Time of Violation (REQUIRED)
Statement of Facts (REQUIRED) (Please give a narrative of incident that occurred)		

If additional space is needed to complete the statement of facts, please use additional sheets. (Do not write in the notary section or on the back of this form.)

State of New York, County of Westchester:

I Hereby Certify that on this _____ day of _____ 20 _____ before me, the subscriber, a notary public of the State of New York, in and for Westchester County, personally appeared _____ who made oath in due form of law that the matters and facts set forth in this Affidavit of Complaint are true.

As WITNESS my hand on Notarial Seal

Signature of Complainant

Notary Signature and Expiration Date of Commission

Please send completed form to Briarcliff Manor Code Enforcement Officer
1111 Pleasantville Road, Briarcliff Manor, NY 10510
For questions, please call 914-944-2770