



THE CITY OF KEY WEST

Code Compliance Division

P.O. Box 1409

Key West, FL 33041

DISTURBING NOISE COMPLAINT FORM

POLICE CAD # _____ CODE CASE # 11-510 DATE 6/20/11 TIME 10 PM
 LOCATION OF NOISE SOURCE ORIGINAL GHOST TOUR MC, ACROSS FROM ARTIST HOUSE
 LOCATION OF COMPLAINT Residential Commercial
 COMPLAINANT NAME CARLY MATHIEU
 COMPLAINANT ADDRESS 400 SIMONTON ST #4
KEY WEST, FL 33040
 COMPLAINANT TELEPHONE # 954-701-8471

COMPLAINANT STATEMENT (PLEASE PRINT LEGIBLY)

I hereby state the following (add additional sheets if necessary): EVERY NIGHT AT
AROUND 10PM, THE ORIGINAL GHOST TOUR CONGREGATES
ACROSS THE STREET FROM THE ARTIST HOUSE FROM 15
MINUTES TO 30 MINUTES. THE TOUR MC LEADS THE
GROUP INTO SHOUTING "YOU'RE DOOM" AT THE
TOP OF THEIR LUNGS. I HAVE TRIED TELLING THE
MANAGER ABOUT THE SITUATION, BUT TO NO AVAIL.

I have read each page of this statement consisting of 1 page(s) and swear or affirm that it is true to the best of my knowledge or belief.

Signature of Complainant _____ Date 7/5/11

ARB TAMARA R. BREWER
 Notary Public or Officer Authorized To Administer an Oath
 Naval Air Station Key West, FL
 My Notary expires on 29 February 2012

Date 5 July 2011
 Pursuant to my authority under
 Title 10 U.S.C. Sec. 1044a.

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 INVESTIGATING OFFICER NAME: Barbara Meizis

ACTION TAKEN:

Written Warning Issued on _____ Civil Citation Issued # _____
 Notice of Code Violation Issued on 20110708 (Repeat Irreparable)