ODOUR / SMOKE / FUMES COMPLAINT RECORD FORM

To assist us when investigating your complaint please keep a record of the problem that is troubling you. We need you to describe the problem, where and when you experience it, and how it affects you

IMPORTANT NOTES

LANCASTER CITY COUNCIL

Promoting City, Coast & Countryside

- Please remember that any action taken by the Council might result in Court proceedings. If formal action is taken your record is likely to be used in evidence. You must be prepared to give evidence in person to support your allegations.
- It is important that your records are always accurate and specific about the problem. Please keep your notes on this form brief and to the point. Avoid using phrases such as "all the time" and "every day", or make any angry remarks. Refer to Notes A & B overleaf before completing this form.

Your details		Source of Odour / Smoke / Fumes (delete as appropriate)
Name		Name
Address		Address
	Postcode	
Telephone	Fmail	

Date	Time		Wind		Description of Problem	Strength Note B	Continuous/	Where and how it affects me
	Start	Finish	Speed Note A	Direction	·	Note B	Intermittent	

ate	Tir Start	ne Finish	Wir Speed ^{Note A}	nd Direction	Description of Problem	Strength Note B	Continuous/ Intermittent	Where and how it affects me
	otart	1 111311	opeeu	Direction		1		
						1		

- Calm .
- Very Light ٠
- Light ٠
- Moderate ٠
- ٠
- -Strong

- no wind

-

-

- just discernable

leaves moving

trees swaying

branches moving

Faint

Strong

Moderate

Very Strong

•

•

•

•

1524 582935

to complete this form please

telephone us:

Lancaster City Council Environmental Health Department Health & Strategic Housing Services Town Hall Morecambe LA4 5AF