(1) Day and Date	(2) Time	(3) Describe the Smoke	(4) Continuous	(5) In what way does the smoke affect you?	(6) Can smoke be detected inside/outside or both and at what location
eg. Saturday 21.7.05	eg. 8pm	eg. Where is the smoke coming from and what colour is it?	eg. If so, how long or is it intermittent?		

Signed ..... Dated this ..... day of ..... Year .....

Environment Service

Caroline Hughes - Head of Environment

WYCOMBE DISTRICT COUNCIL

QUEEN VICTORIA ROAD
HIGH WYCOMBE
BUCKINGHAMSHIRE HP11 1BB
Tel: 01494 461000
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Smoke Record Form
Statement of Witness

Criminal Justice Act 1967 s9; Magistrates Court Act 1980 s.5A(3) (a) and 5B Criminal Procedure Rules 2005 p27

Statement of Mr/Mrs/Ms/Other .....

Age (if over 18 enter 'over 18') .....

Address .....

.....

Premises complained about .....

.....

This Statement (consisting of four pages) is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have wilfully stated in it anything which I know to be false or do not believe to be true. I understand that this evidence may be provided to the defendant/perpetrator and that if the matter goes to court, I may be required to attend court to give evidence.

Signed ..... Dated this .....

day of ..... Year .....

Please return the completed form to .....Tel No. .....

Date of issue .....

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REGISTERED FIRM BM TRADA CERTIFICATION ISO 14001 UKAS ENVIRONMENTAL MANAGEMENT 012

INVESTOR IN PEOPLE

Notes to Assist in Completion of Smoke Record Forms

In order to assist you in completing the form, the following notes have been prepared. These will help you in ensuring that only information relevant to your complaints is recorded.

Column (1) Entries should be made on each day that you experience smoke nuisance.

Column (2) Times of day when smoke commences and finishes. It may be necessary to make several entries in one day if intermittent.

Column (3) Brief description of what is thought to be the cause of the smoke.

Column (4) If smoke is continuous, how long does it last. If intermittent, for approximately how long does it occur each time?

Column (5) If you feel the smoke affects you, in what way does it do so?

Column (6) Where was the smoke detected eg. inside/outside?

(1) Day and Date	(2) Time	(3) Describe the Smoke	(4) Continuous	(5) In what way does the smoke affect you?	(6) Can smoke be detected inside/outside or both and at what location
eg. Saturday 21.7.05	eg. 8pm	eg. Where is the smoke coming from and what colour is it?	eg. If so, how long or is it intermittent?		

Signed ..... Dated this ..... day of ..... Year .....