READING BOROUGH COUNCIL – ENVIRONMENTAL HEALTH   date when sent.........................

YOUR NAME: ....   **ENQUIRY No. PH/Ref no:**

ADDRESS: ....   **RECORD OF NUISANCE AT:** ……………………………………………………………………

....

Type of Smell/Smoke eg thick, acrid, choking	Day	Date	Time started	Time stopped	Duration	Source of Smell eg coming from ground floor front room	**DESCRIPTION OF INCIDENT** How did the Smell/Smoke interfere with you? Eg, did it result in personal discomfort? Eyes watering or choking or prevented or disturbed your sleep, affect your use of rooms in your house? Did you see anyone enter or leave the property?	Signature of person describing the incident

1. This information is true to the best of my knowledge and belief. Each entry was made at the time stated.
2. I am willing to give evidence in court if necessary.
3. I understand that any decision with regard to legal proceedings rest solely with Reading Borough Council. (NB This does not prejudice the individual's rights to pursue private legal action)

Signature: .... Date: ....

READING BOROUGH COUNCIL – ENVIRONMENTAL HEALTH

YOUR NAME: ....

ADDRESS: ....

....

ENQUIRY No. ES/EP/Ref no:

RECORD OF NUISANCE AT:…………………………………………………………….

Type of Smell/Smoke eg thick, acrid, choking	Day	Date	Time started	Time stopped	Duration	Location of noise eg coming from ground floor front room	**DESCRIPTION OF INCIDENT** How did the Smell/Smoke interfere with you? Eg, did it result in personal discomfort? Eyes watering or choking or prevented or disturbed your sleep, affect your use of rooms in your house? Did you see anyone enter or leave the property?	Signature of person describing the incident

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