ST ALBANS DISTRICT COUNCIL
Environmental Services

Officer Ref: _____

RECORD OF BONFIRE/ODOUR COMPLAINTS

Complaint's Name and Address: _____

_____

Tel No: Home _____ Work _____

Address complained of: _____

Occupier's Name (if known): _____ Council Tenant: Yes/No

Date	Start Time	Finish Time	Duration	Wind Direction	Weather Conditions	Full description of bonfire/odour together with details of how it effects you

Date	Start Time	Finish Time	Duration	Wind Direction	Weather Conditions	Full description of bonfire/odour together with details of how it effects you

I certify that this is a true record of my observations during the period.

Signature _____ Date _____

If necessary I/we are prepared to submit a statement of evidence and appear at a Court hearing Yes/No

Return this form to: Head of Environment and Health, St Albans District Council, Civic Centre, St Peters Street, St Albans, Herts AL1 3JE