# ODOUR / DUST NUISANCE INFORMATION & DIARY PACK

# **Includes:**

- 1. Diary Sheet/Questionnaire for the recording of nuisance;
- 2. A Neighbour Note to give or send to the person or business who is disturbing you;
- 3. An information leaflet on odour / dust nuisance.





### **ALL PARTS MUST BE FULLY COMPLETED**

Your Name:					
Your Address:					
Your Telephone Number:					
Your Email Address:					
ADDRESS COMPLAINED OF:					
NAME OF OCCUPIER:					
Have you spoken to the person making the odour/dust about this issue?					
	(We are ordinarily unable to h	elp if you have not done so without			
Please give details:	good reason; such as a history of	of aggression/violence)			
Have you written to them?					
Please give details:	(We are ordinarily unable to h	elp if you have not done so without			
	good reason; such as a history of	of aggression/violence)			
Was either approach helpful; if					
only for a short period?					
Details:					
Formal intervention by us may	Yes	No			
ultimately end in Court action.	(If we are unable to consider (	Court action if appropriate because			
Are you prepared to attend	(If we are unable to consider Court action, if appropriate, because you are not prepared to give evidence, this significantly limits the				
Court and give supporting		rvidence, this significantly lithits the			
evidence if required?	things we can do to help you)				

This statement consisting of ....... page(s) signed by me 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.

PLEASE NOTE: Information in those columns marked \*\*\*\* will be copied to the person making the Odour/dust.

**RETURN TO:** Upload to your Swindon Borough Council myaccount case via the following link: <a href="https://www.swindon.gov.uk/info/20023/environmental">https://www.swindon.gov.uk/info/20023/environmental</a> problems/851/report a disturbance from trade commercial or business premises

	Date ****	Time (Use clock) *** Start		Description of Odour/Dus t	Wind Direction /Speed	Weather Condition	Where were you?	How it affected you
ิ	20/07/2005	14:00hrs	15:30hrs	Sewage/ chemical DUST or ODOUR In house/ in street 4=Strong / 1= Weak	5mph - From North	Cold / Windy Mist / Fog / Cloudy etc	Bedroom	Ash and smell throughout house

Signed		•••••		
Dated:	/	/	LOGSHEET NO:	of

clock) **** Start Finish	Description of Odour/Dust	Wind Direction /Speed	Weather Condition	Where were you?	How it affected you
		Start	Start	Start	Start

Signed	
Dated://	LOGSHEET NO:of

Date ****	Time (Use 24hr clock) **** Start Finish	Description of Odour/Dust	Wind Direction /Speed	Weather Condition	Where were you?	How it affected you

Signed	
Dated:///	LOGSHEET NO:of

Date ****	Time (Use 24hr clock) **** Start Finish	Description of Odour/Dust	Wind Direction /Speed	Weather Condition	Where were you?	How it affected you

Signed	
Dated:///	LOGSHEET NO:of

# **Dear Manager of**

You may not be aware that odour coming from your business is disturbing me in my home. The odour is so intrusive that I have contacted the Council for advice.

I have been advised by Swindon Borough Council to contact you first before I make an official complaint.

I would very much appreciate it if you would consider the **incidents cited below**, and do what you can to ensure that the odour from your premises doesn't disturb me in the future.

### **Thank You**

My contact details	s	ŀ	1	i	ì	а	i	t	1	,	е	l	ı	C	(	t	1	С	(	a	í	t	1	1	r	)	0	(	C		/	١	1	V	١	١
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first noticed the problem	(approx. date/month/year)
t happens:	(Choose as appropriate)

Date	Times (start & finish)	Description of the odour / dust	Weather conditions, (Include wind direction)