



FORMAL ODOUR COMPLAINT FORM

DATE: _____

COMPLAINANT'S DETAILS

Name: (Surname _____ (First) _____)

Address: _____ Suburb _____ P/Code: ____

Contact Phone Numbers: _____, _____, _____

DETAILS OF PERSON/S RESPONSIBLE:

Name (s): _____

CIRCLE: owner occupant builder agent other CIRCLE: owner occupant builder agent other

Address: _____ Suburb: _____ P/Code: _____

Contact Phone Numbers: _____, _____, _____

NATURE OF COMPLAINT

Signature of complainant: _____

-----OFFICE USE ONLY-----

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Complainant Notified: Yes { } No { } Date: _____

Further Action: _____

EHO: _____



FORMAL ODOUR LOG SHEET

To help the City's Health Services in their investigations please record in detail all odour nuisance occurrences for a period of 2 - 3 weeks.

Address of odour Complaint: _____

Date	Time		Odour Strength Low 1 –high 5	Wind Direction & Odour Source
	Start	Finish		

Comments

Complainant's Signature: _____

Date: _____

Complainant's Name: _____