



**LITTER POLLUTION INCIDENT RECORD SHEET**

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L

Electoral Area: \_\_\_\_\_ Ref. No: \_\_\_\_\_

Report Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Report received via: Telephone  Post  Counter

**REPORTED BY (If given)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Tel. No: \_\_\_\_\_ Anonymity Requested: Yes  No

**DETAILS OF INCIDENT**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**INCIDENT LOCATION (INCLUDING DIRECTIONS TO SAME)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RESULT OF INVESTIGATION**

\_\_\_\_\_

**NO ACTION WARRANTED**

**SIGNATURE OF INVESTIGATING OFFICER** \_\_\_\_\_

**ACTION TAKEN**

\_\_\_\_\_