## **Log Sheet of Smoke Nuisance**

Your addre	ess:				Address of smoke nuisance:	
Date	Time		Duration	Severity of Smoke	Description of Smoke Nuisance	
	Start	Finish	Duration	(1, 2, 3, 4 or 5) refer to the pictures	Description of Smoke Nuisance	
e.g. 1/5/22	1700	2100	4hrs	3	Was unable to use air conditioner due to the smell of smoke	

## Please Note:

- 1. The City is subject to the Freedom of Information Act 1992
- 2. All smoke complaints will be dealt with in order of priority
- 3. Should legal action be necessary I may be required to give evidence in Court
- 4. The City will not commence investigation of your request until this form is completed and returned, together with a completed log sheet (attached)

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