**Regulatory Services**

**ODOUR NUISANCE INVESTIGATION**

 **Official Use Only**

 Inv Officer: «ioff»

 Ref No: «refno»

 Date Issued: «Aadate»

 Date Returned:

Dear Sir or Madam

**YOUR ODOUR COMPLAINT**

The Environmental Protection Act requires authorities to take all reasonable steps to investigate odour complaints. As a first step, detailed information about the complaint is needed so that the investigating officer can decide what investigations should be made. Normally, this involves checking the cause of the odour and seeing if it can be stopped or reduced. Observations may also be needed to assess the effects of the odour, this may involve monitoring taking place in your property.

Your evidence is very important in such investigations and may be needed if legal action has to be taken. To assist in this, you should complete the details requested below and fill in the diary that is on the back of this page. The diary should be filled in as accurately as possible over about two or three weeks. You should record the dates, times and description of any odour nuisance, including what was causing the odour, the type of odour, whether it was continuous or not, how bad the odour was compared to other odour and what effect it had on you or other occupants. The form should be returned to the investigating officer either by post to Regulatory Services PO Box 634, Barnsley, South Yorkshire S70 9GG or emailed to pollutioncontrol@barnsley.gov.uk

NOTE: Your complaint will be treated in confidence, however if it is considered that a statutory nuisance does exist and legal proceedings are taken by the Council your name and address may become known to the Court and others at this stage.

**Information Required About the Odour**:

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| Where is the odour coming from? (address or location) | Have you approached the person concerned?YES/NO\*If YES, what response did you receive? |

**About Yourself**

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| --- | --- |
| Name:Address:Post Code:Telephone No: | If necessary, are you prepared to make a formal statement and give evidence in Court?YES/NO\*Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

\*Please delete the answer which does not apply.

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| **Date** | **Start****Time AM/PM** | **Finish****Time AM/PM** | **Description &****Comments on Odour** | **Person Recording Details** | **How The Odour****Affected You** |
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| **Date** | **Start****Time AM/PM** | **Finish****Time AM/PM** | **Description &****Comments on Odour** | **Person Recording Details** | **How The Odour** **Affected You** |
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| **Date** | **Start****Time AM/PM** | **Finish****Time AM/PM** | **Description &****Comments on Odour** | **Person Recording Details** | **How The Odour** **Affected You** |
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I certify that the record above is true and accurate and understand it may be used in evidence in any legal proceedings.

Name: ……………………………………………… Signed:…………………………………………….