

Complaint Ref No:

NORTH LINCOLNSHIRE COUNCIL

NUISANCE COMPLAINT RECORD

Name:

Address:

.....

Tel. No: Home: Work:

Address of Nuisance Source:

Date	Time Start	Time End	Nature of Nuisance/Wind Direction	Effects of Nuisance (Indicate how the nuisance effects you or your family e.g have to shut windows, cannot sit in garden)

I certify that this a true record of the nuisance complained of

Signed:

Dated:

Please return to:

Directorate of Neighbourhood and Environmental Services (Environmental Protection Team)
North Lincolnshire Council
PO Box 42 Church Square House
SCUNTHORPE North Lincolnshire DN15 6XQ