# Environmental Health bonfire record sheet

Your name:

Your address:

Case reference (if known):

Investigating Officer (if known):

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| --- | --- | --- | --- | --- | --- | --- |
| Date | Time from (am or pm?) | Time until (am or pm?) | Address and location of the bonfire | Comments on severity | State how the bonfire is interfering with your life | Signature |
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I hereby certify that the above details are correct to the best of my knowledge and I will be willing to act as a witness should the Council decide to instigate legal proceedings.

Everyone making an entry on the form must sign. (Wet signatures preferred, however if completed electronically, electronic signatures will suffice.)

Signed:

Dated: