**DUST/ODOUR/SMOKE INCIDENT DIARY**

**For Council Ref Number:**

Your name:………………………………………………………………………………………………………………………………………………………………………………

Your phone number & email…………………………………………………………………………………………………………………………………………………………....

Address of complainant:

Location of alleged activity

Name of person / company conducting alleged activity

Please complete for a period of **14**  consecutive days.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Time** | **DATE** | **Duration of noise** | **Description of noise** | **Comment** |
| e.g. 7:13pm | 21/10/05 | 26mins | Low pitch hum | Could not hear TV |
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