



Date of Issue:		Environmental Health Department, Civic Centre, North Walk, Barnstaple, Devon, EX31 1EA Tel. 01271 388870			Investigating Officer: Name: Tel.		Premises where the nuisance is originating:
Date	Time Started	Time Ceased	Duration	Room(s) Affected	Nature of Nuisance	Describe How You Were Effected and any other helpful information. E.g. Wind Direction / Weather conditions.	

I / we certify that the above entries are true and are a contemporaneous record of events:

Person Keeping Diary

Witness 1 verifying an incident(s)

Witness 2 verifying an incident(s)

Name

Name

Name

Signature

Signature

Signature

Address

.....

.....

Address

.....

.....

Address

.....

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Please note. Any neighbours / witnesses, if relevant, should sign their initials against any particular event(s) they can verify. Also, that this form may be used in evidence, as an exhibit appended to a Section 9, Witness Statement.



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