

**TANDRIDGE DISTRICT COUNCIL  
ENVIRONMENTAL HEALTH**

**COMPLAINT RECORD FORM**

**Address of Smoke Source:**

<b>Date</b>	<b>Start Time</b>	<b>Time when at worst</b>	<b>Description of Smoke (Black/Odour?)</b>	<b>Wind Direction</b>	<b>Disturbance (How/Where does it affect you)</b>

**Name  
Address**

**Signature**

**Date**