**SMOKE NUISANCE –**
**COMPLAINANTS SURVEY FORM**

**Please complete for a period of (2) two weeks**

CITY OF GREATER
GEELONG

PO BOX 104
GEELONG 3220 AUSTRALIA
DX 22063 GEELONG

TELEPHONE 03 5272 4411
FACSIMILE 03 5272 4375
www.geelongaustralia.com.au

**Name:** _____ ☎ _____

**Address:** _____

**Observed Property Address:** _____

| DATE | TEMP ° | TIME/S | DURATION | AREA WHERE SMOKE IS ACCUMULAT-ING | CONCENTRATION OF SMOKE LIGHT 1 → HEAVY 5 | AFFECT ON HEALTH, SYMPTOMS, ALLERGIES |
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*"Should the matter not be resolved upon Council investigation you will be required to attend Court as a witness to support the information you have provided."*

**Signature of Complainant:** _____ **Date:** ___ / ___ / ___

This information is collected under the requirements of the Health Act for enforcement of Public Health purposes. The personal information will be used solely by Council for that primary purpose or directly related purposes. It may be provided to the Department of Human Services for the same purposes, and for statistical purposes related to the application of the Act. It will be treated in compliance with the Department of Human Services Information Privacy Principles and the Information Privacy Act.