



Fly-tipping / dog fouling / littering report form

The purpose of this form is to enable people to report environmental crime. If you need any help completing this form then please do not hesitate to ask for assistance by telephoning 01205 314200.

Fly-tipping

Please complete in black ink

Tick boxes as applicable

Instructions for person reporting incident:

- Please complete the form and ensure that it is returned to Environmental Operations, Boston Borough Council, Municipal Buildings, West Street, Boston, Lincs PE21 8QR
- Please answer all questions or delete where appropriate.
- If you are unable to complete this form please ask for assistance on 01205 314200.

Details of the incident

Did this incident take place on privately owned land or property?

Yes No

Are you willing to attend court if necessary? Yes No

Date of incident:	Time of incident:
Location of incident:	
Your name (Mr/Mrs/Miss/Ms)	
Private address:	Business address:
Post code:	Post code:
Telephone number:	Telephone number:

Witnesses

Name (Mr/Mrs/Miss/Ms)	Name (Mr/Mrs/Miss/Ms)
Address:	Address:
Post code:	Post code:
Telephone number:	Telephone number:

Please state fully what happened (use separate sheet if required)

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Weather Conditions: Sunny Dry Overcast
Raining Snowing Windy
Road Conditions: Dry Wet Icy
Uneven road surface
Visibility Conditions: Clear Foggy Daylight
Dusk / Dark
Street-Lighting: On Off N/A

Fly-tipper / vehicle involved (if known)

1. Fly-tippers name: (Mr/Mrs/Miss/Ms)	
Address:	
Telephone number:	
Vehicle registration mark:	Make
	Model
	Colour

2. Fly-tippers name: (Mr/Mrs/Miss/Ms)	
Address:	
Telephone number:	
Vehicle registration mark:	Make
	Model
	Colour

Was there any conversation between you and the fly-tipper/s? YES NO

Did you ask the fly-tipper for his / her name and address? YES NO

If 'YES', was it? SUPPLIED REFUSED REQUEST IGNORED

Did you contact the police? YES NO

Was the registration mark of the fly-tippers vehicle recorded by you at the time of the incident? YES NO

If 'NO', provide the name and address of the person who recorded the registration mark of the other vehicle at the time of the incident.

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NB: The original note of the registration mark of the other vehicle is an important exhibit and if it has not been handed in with the report, it must be retained in a safe place and kept for production at court if required.

Describe briefly the fly-tipper involved, i.e., sex, age, height, build, colour of eyes, hair, complexion and any other distinguishing features. Say whether you would be able to identify the fly-tipper.

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Statement of Truth

I hereby declare that the information given on this form is true to the best of my knowledge and belief, and I give it knowing that if it is tendered in evidence I shall be liable to prosecution if I have willfully in it stated anything which I know to be false or I do not believe to be true.

The complainant believes that the information stated in this reporting form is true.

Signature of person reporting:

Date:

When completed, please return to: Environmental Operations, Boston Borough Council, Municipal Buildings, West Street, Boston, Lincs PE21 8QR

Statement of Truth

I hereby declare that the information given on this form is true to the best of my knowledge and belief, and I give it knowing that if it is tendered in evidence I shall be liable to prosecution if I have willfully in it stated anything which I know to be false or I do not believe to be true.

The complainant believes that the information stated in this reporting form is true.

Signature of person reporting:

Date:

When completed, please return to: Environmental Operations, Boston Borough Council, Municipal Buildings, West Street, Boston, Lincs PE21 8QR

Littering

Details of the incident

Did this incident take place on privately owned land or property?

Yes No

Are you willing to attend court if necessary? Yes No

Date of incident:	Time of incident:
Location of incident:	
Your name (Mr/Mrs/Miss/Ms)	
Private address:	Business address:
Post code:	Post code:
Telephone number:	Telephone number:

Details of person involved:		
Male <input type="checkbox"/> Female <input type="checkbox"/>		
Approx age:	Height:	Build:
Hair colour / style:		
Distinguishing features:		
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What was dropped?

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If the litter was thrown from a vehicle, was it:

Thrown by the driver Thrown by the passenger

From which window was it thrown?

Front nearside Front offside Rear nearside Rear offside

Vehicle type

Colour Registration number

Please state fully what happened (use separate sheet if required)

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Signature of person reporting:

Date:

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