Comhairle Contae Fhine Gall

Fingal County Council

An Roinn Seirbhísí **Comhshaoil agus Uisce**

Environment and Water Services Department



AIR POLLUTION ACT 1987

Name and Address of complainant:				
Name and	Address of premises con	nplained of:		
Type(s) of r	nuisance experienced:			
DATE	DAY OF WEEK	DETAILS OF NUISANCE: TIME AND DURATION, WHERE NOTICEABLE, I.E. ROOM(S) IN HOUSE, GARDEN, ETC.		



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I / We the undersigned hereby certify that the following information given herewith is to the best of my /our knowledge accurate and true and I / we are willing to attend court and give evidence, if proceedings are instituted arising out of this complaint.

Signature of complainant:
Date:
Signature of complainant:
Date: