



Date	Start Time	Finish Time	Duration	Wind Direction	Weather Conditions	Full description of bonfire/odour together with details of how it effects you

I certify that this is a true record of my observations during the period.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If necessary I/we are prepared to submit a statement of evidence and appear at a Court hearing Yes/No

Return this form to: Head of Regulatory Services, St Albans District Council, Civic Centre, St Peters Street, St Albans, Herts AL1 3JE