Complaint Form

Please complete this form in BLOCK LETTERS.

Your name: _____

Address: _____

_____

_____

Phone No.: _____ E mail: _____

Waste Collection Permit Number:_____

Nature of complaint and previous action taken: (please include dates, street names, vehicle registrations, sketch map etc. and details of whom you have already contacted before now about this complaint. Please also include copies of letters if possible.)

(Please use additional pages if you need more space)