Wyre Borough Council

STATEMENT OF WITNESS

(Criminal Justice Act 1967-S.9(2), Magistrates Court Act 1980-S.102, Magistrates Courts Rules 1981, r70, Criminal Procedures Rules r.27.1 (1))

STATEMENT OF:.....

Age of Witness (if over 21 enter "over 21"):.....

Occupation of Witness:.....

Address:.....

Tel: ..... **Email:**.....

This statement, consisting of 2 sides and signed by me, is true to the best of my knowledge and belief and I make it knowing that, if it is tendered in evidence, I shall be liable to prosecution if I have willfully stated in it anything which I know to be false or do not believe to be true.

I have used this diary sheet to record the dates on which I have been impacted by odour from Jameson Road landfill, Fleetwood, together with the duration of the odour incidents, and how the odour has affected me personally. I can confirm that during the recorded period the odours experienced have caused me a nuisance.

Dated the day of 2026

SIGNED:

BLOCK CAPITALS:

Date	**Time** Please use 24 hr clock	**How long did the odour last?** Eg. Hours / minutes	**Where could you smell the odour?** Eg. Living room, bedroom, garden	**What impact did this have on you?** Eg. unable to hang washing out, had to close windows, had to leave the room etc.	**How strong was the odour out of 5?** Eg. Lowest is 1, 5 is highest