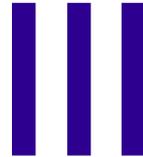


Litter
Make the guilty pay

Delivery Address:
PO Box 58
FOOTSCRAY VIC 3011

No stamp required
if posted in Australia



Litter Enforcement Officer
Maribyrnong City Council
Reply Paid 58
FOOTSCRAY VIC 3011

The personal information on this form and any correspondence, notice or other document issued following processing of this information will be stored and used by Council for the purposes of administering the Environment Protection Act 1970. You may access this information by contacting the Council's Privacy Officer. This information may be disclosed to another government organisation, including to a Tribunal or Court, where required for the purpose of administering or enforcing the Environment Protection Act or any other relevant laws.

Confidential Litter Report Form

Incident Information (* denotes mandatory field). Incomplete reports will not be processed.

OFFENCE COMMITTED BY

Driver Sex F
 Front Passenger M
 Rear Passenger

Melway Ref. _____

Vehicle Reg * _____

Body Type * (please circle) Sedan / Station Wagon

Colour * _____ Coupe / Van / Ute / Four Wheel Drive

Make and /or Model * _____ Other (describe) _____

Time * _____ am / pm Date * _____

Street * _____ Suburb * _____

Nearest cross street * _____ Direction of travel _____

wet and seal

wet and seal

fold two

DESCRIBE WHAT YOU SAW *

Please ensure that your description is as detailed as possible, including a description of the LITTER and the OFFENDER where possible. **Please retain any NOTES you made at the time of the report as evidence to further support information.**

YOUR DETAILS

Your personal details will remain strictly confidential. Under the Privacy Act, your personal details will not be used for any other purposes without your consent.

Name * _____ Phone * (H) _____

Address * _____ (W) _____

Postcode * _____

fold one

Name of witness (if applicable) _____

Please note that it is an indictable offence to intentionally or negligently provide false or misleading information to Council, and penalties may apply

YOU MUST BE PREPARED TO ATTEND COURT IF REQUIRED

I declare that I am willing to attend court, and that this declaration is true and correct.

Signature * _____ Date * _____

Please return report within seven (7) days of the incident by folding and sealing this reply paid report form or by faxing to 9688 0258.