



Littering and Illegal Dumping Reporting Form

Waste Reduction and Recycling Act 2011

Douglas Shire Council can issue an infringement notice to the registered owner of a vehicle based on your report. Please be aware that you may be required to give evidence in court.

Fields marked with * are mandatory for a valid report.

WITNESS AFFIRMATION
<i>You are not able to submit a Littering or Dumping report form if you are not the eye witness of the incident</i>
1. Please verify that you personally witnessed this incident*
<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you know the person who deposited the waste?*
<input type="checkbox"/> Yes <input type="checkbox"/> No
3. What did you see?*
<input type="checkbox"/> Littering <input type="checkbox"/> Dumping
4. On what date did you see the incident occur?*
<small>NOTE: The sooner you report the incident the more likely a fine can be issued</small>
5. Time of Incident
6. Name any other Witness (If applicable)
INCIDENT DETAILS
7. Location at which the incident occurred*
<small>Location description (street/road, nearest corner, cross street or landmark e.g. bridge, car park, building name, GPS, coordinates, northbound, southbound). The more detail you provide helps us to issue a more effective infringement notice.</small>
8. Nearest Suburb or Town*

RUBBISH TYPE
9. Littering Substance
<input type="checkbox"/> Broken glass <input type="checkbox"/> Cigarette butt <input type="checkbox"/> Fast food packaging <input type="checkbox"/> Lit cigarette <input type="checkbox"/> Sharps/medical waste <input type="checkbox"/> Lit cigarette thrown into flammable material <input type="checkbox"/> Small item of litter <input type="checkbox"/> Other (please describe)
10. Dumping substance
<small>Dumping is considered to be 200 litres or more (a wheelie bin is about 200 litres in volume). If a dumping offence was witnessed, please select a substance from the following list. If you have already selected a littering substance proceed to question 11</small>
<input type="checkbox"/> Animal/meat waste <input type="checkbox"/> Plastic bags – contents unknown <input type="checkbox"/> Cars, bodies and parts <input type="checkbox"/> Asbestos <input type="checkbox"/> Construction and demolition waste <input type="checkbox"/> Garden Waste <input type="checkbox"/> drums <input type="checkbox"/> Tyres <input type="checkbox"/> Landfill materials <input type="checkbox"/> White goods, electronic waste and furniture <input type="checkbox"/> Sharps/clinical waste <input type="checkbox"/> Other (please describe)

11. Please indicate how you saw the item(s) being deposited*	
<input type="checkbox"/> Uncovered load	<input type="checkbox"/> Before getting into vehicle
<input type="checkbox"/> Found illegal dumping From vehicle	<input type="checkbox"/> Fell or blew off vehicle
<input type="checkbox"/> After getting out of vehicle	
12. Approximate Volume	
<input type="checkbox"/> Single item (small)	<input type="checkbox"/> Multiple items <200L in volume
<input type="checkbox"/> Single item (large)	<input type="checkbox"/> Multiple items >200L in volume
<input type="checkbox"/> Wheelie bin size	<input type="checkbox"/> Car trailer size
<input type="checkbox"/> Metric truckload size	
OFFENDERS VEHICLE DETAILS	
13. Please select type of vehicle involved in incident	
<input type="checkbox"/> Car	<input type="checkbox"/> Trailer
<input type="checkbox"/> Motorbike	<input type="checkbox"/> Boat
14. Vehicle details	
<i>Your information enables us to crosscheck the vehicle details with the Department of Transport and Main Roads to avoid mistakes and vexatious reporting. Insufficient or incorrect information may result in your report not being processed.</i>	
Registration:*	State:*
Make:*	Model:*
Shape:*	Colour:*
Other distinguishing features:	
OFFENDERS DETAILS	
15. Location in vehicle* (select one or more)	
<input type="checkbox"/> Driver	<input type="checkbox"/> Front passenger
<input type="checkbox"/> Rear left passenger	<input type="checkbox"/> Right rear passenger
<input type="checkbox"/> Other/unknown (please specify)	
16. Gender	
<input type="checkbox"/> Female	<input type="checkbox"/> Male
<input type="checkbox"/> Unknown	
17. Description of offender (if seen)	

WITNESS DETAILS		
18. Please provide your details below*		
Title:		
Given Name/s:		
Surname:		
Residential Address:		
Suburb:	State:	Postcode:
Postal Address:		
Suburb:	State:	Postcode:
Date of Birth:		
Contact Number/s:	T:	M:
Email:		
19. Witness Declaration		
I declare that the information contained in this report is true and correct to the best of my knowledge and that I am willing to give evidence in court if required.		
Note: It is an indictable offence to intentionally or negligently provide false or misleading information, penalties may apply.		
Acknowledged		
Signature:		
Date:		