

Public Protection Light Nuisance Log

Your details	Source of Light issue
Name	Address
Address	
Tel Number	
Email address	

In order to for us to assess your light complaint you need to keep a detailed record of the problem. This record may be used as evidence in a Court so it is very important that details are accurate and relate *only* to the specific lighting issue you have complained about. You should not, therefore, record lighting nuisance which is just an annoyance or occasional.

The light monitoring log is designed for you to complete one line on each occasion when the light affects you. The following information is required each time you record an occasion when the lighting affects your property.

DATE Include the day, month and year.

TIMES LIGHT IS ON It is important to make a note of the time when the light comes on

and goes off. Be sure to specify AM or PM

If you do not know when the light goes off because, for example,

you go out, then make a note of when you last noticed it.

SOURCE OF LIGHT Describe where the artificial light is coming from, for example,

extractor fan or from a building

AFFECT OF LIGHTThis is very important because it helps us assess how it is affecting

you.

ABOUT YOU Tell us your details and where the source of the lighting is from.

If you have a disability which may affect how we contact you please

tell us how you would prefer to be contacted.

Complete the log for 14 DAYS and then either scan or e-mail to us at publicprotectionwest@wiltshire.gov.uk or send to us at Environmental Protection, Wiltshire Council, County Hall, Trowbridge, Wilts, BA14 8JN

An example is shown below.

Date	Start time	Finish time	Type of Lighting	How it affects you
24.11.18	12.15 pm	5.15pm	Light shining from neighbours security light	Lit up my living room and made it difficult to see the television screen.

The information you provide will be used to deal with your complaint. Information on how we use and store this information can be found on our website http://www.wiltshire.gov.uk/community-safety-privacy-notice

I certify that the following record is a true record of the complained light nuisance. I confirm that I am willing to attend Court and act as a witness should legal action be considered necessary.

Signature	Name in block capitals	Date
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Reference Number: WK/ Address: Start time Finish time Source of light How it affects you Date

Reference Number: WK/ Address:				
Date	Start time	Finish time	Source of light	How it affects you

Date	Start time	Finish time	Source of light	How it affects you
				now it affects you