

Litter Act 2007
Confidential Reporting Form
 Littering associated with a Motor Vehicle

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

OFFENCE COMMITTED BY

Driver Body Type* (Please circle) Sedan/ Station Wagon
 Front Passenger Sex F Coupe / Van / Utility / Four Wheel Drive/
 Rear passenger M Truck/ Bus / Motor Cycle

Vehicle Registration * _____ Make and/or Model _____

Trailer Registration (if applicable) * _____ Colour _____

Time * _____ am/pm Date * _____

Street * _____ Suburb * _____ Key Landmark _____

Nearest cross street _____ Direction of Travel of Offending Vehicle _____

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 provided in this report.*

YOUR DETAILS

Your PERSONAL DETAILS will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Department of Primary Industries Parks Water and Environment.

Full Name * _____ Date of Birth* _____
(Please include title e.g. Mr/Mrs/Ms/Miss)

Email address _____

Prime Phone Contact Number * _____ Business Phone Contact _____

Address * _____ Suburb * _____ Postcode * _____

Name of other witness (if applicable) _____

Please note that it is a serious offence to intentionally or negligently provide false or misleading information and penalties may apply.

I declare that I am willing to sign an affidavit that the declaration is true and correct .

Signature* _____ Date * _____

YOU MAY BE REQUIRED TO ATTEND COURT. Your identity may be disclosed at this stage.
