

WITNESS STATEMENT AFTER AN INCIDENT OF
LITTERING/ILLEGAL DUMPING

Please complete the following details

ALLEGED POLLUTER

Name: _____

Address: _____

Tel No: _____

Incident witnessed on:

Date: _____

Time: _____

Location: _____

Incident description _____

P.T.O.

REPORTING OF INCIDENT OF ILLEGAL DUMPING/LITTERING.

Description of vehicle(s), drivers etc if applicable.

Description of Waste/Litter deposited:

Additional Information:

Please confirm by signing below if you are willing to appear as a witness in Court if legal proceedings are initiated by Limerick County Council

Signature: _____

Date: _____

Please note that unless you are willing to appear as a witness, the Council cannot pursue this matter through the Courts.

In order for the Council's Waste Enforcement Officer to pursue the matter within the time constraints please return this completed from within 14 days to the Domestic Waste and Litter Team, Floor 2, Dooradoyle.