

**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 \_\_\_\_\_  
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**P.T.O.**

## **REPORTING OF INCIDENT OF ILLEGAL DUMPING/LITTERING.**

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

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Description of Waste/Litter deposited:

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Additional Information:

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**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.**