

# Confidential Litter Report Form

Incident Information (\* denotes mandatory field). Incomplete reports can not be processed.

## OFFENCE COMMITTED BY \*

Driver  Sex: Female   
Front Passenger  Male   
Rear Passenger  Unknown

Vehicle Reg \* \_\_\_\_\_

Body Type \* (please circle) Sedan / Station Wagon

Colour \* \_\_\_\_\_

Coupe / Van / Ute / Four Wheel Drive / Truck

Make & / or Model \* \_\_\_\_\_

Other (describe) \_\_\_\_\_

Time \* \_\_\_\_\_ am / pm

Date \* \_\_\_\_\_

Street \* \_\_\_\_\_

Suburb \* \_\_\_\_\_

Nearest cross street \* \_\_\_\_\_

Direction of travel \_\_\_\_\_

Sydney Ref: \_\_\_\_\_

## DESCRIBE WHAT YOU SAW \*

Please ensure that your description is as detailed as possible, including a description of the LITTER and OFFENDER where possible. **Please retain any notes you made at the time of the offence as evidence to further support information.**

Litter type \* Cigarette Butt  Bottle/Can  Food Wrapper

Other Litter (please describe) \_\_\_\_\_

Details of event \* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## YOUR DETAILS \*

**Your personal details will remain strictly confidential.** Under The Privacy Act, your personal details will NOT be used for any other purposes without your consent.

Name \* \_\_\_\_\_

Phone \* (Min one number must be supplied)

Address \* \_\_\_\_\_

Home \_\_\_\_\_

Work \_\_\_\_\_

Postcode \* \_\_\_\_\_

Mobile \_\_\_\_\_

Name of extra witness (if applicable) \_\_\_\_\_

Please note that it is an indictable offence to intentionally or negligently provide false or misleading information to the EPA, and penalties may apply.

## YOU MUST BE WILLING TO ATTEND COURT IF REQUIRED

I declare that I am willing to attend court, and that this declaration is true and correct.

Signature \* \_\_\_\_\_ Date \* \_\_\_\_\_

Please return this report within seven (7) days of the incident  
by faxing to ACT City Rangers on (02) 6207-7133.

because the world is NOT their ashtray

