Name		
Address		
Contact Number(s)		
Are you reporting fly tipping?	Yes □ No □	
What date/time did this occur (if aware)?		
What type of waste?	Animal carcass Green Vehicle parts White goods Other electrical Tyres Asbestos Clinical	Construction / demolition / excavation □ Black bags – commercial □ Black bags – household □ Chemical drums, oil, fuel □ Other household □ Other commercial waste □ Other waste type (unidentified) □
How much waste?	Single black bag ☐ Single item ☐ Car boot or less ☐ Small van load ☐	Transit van load □ Tipper lorry load □ Significant / multi loads □
Where is this fly tipping located?	(As much detail as possible)	
Did you witness the fly tipping?	Yes \square No \square Do you have any evidence i.e. photos, videos Yes \square No \square	
Would you be willing to make a witness statement?	Yes □ No □	