

NUISANCE REFERRAL FORM

Reference:

Please complete all the information required on this form.

ABOUT YOU	
Name:	
Address:	
Home Telephone no:	
Email address:	
Are you a: private tenant <input type="checkbox"/> council tenant <input type="checkbox"/> owner/occupier <input type="checkbox"/>	
Name of landlord or managing agent:	
Telephone no:	email:
How long have you lived at your address?	
ABOUT THE PROBLEM	
Describe the problem you are experiencing:	
How long have you been experiencing a problem?	
ABOUT THE PERSON/PROPERTY CAUSING THE PROBLEM	
Name:	
Address/location:	
Home Telephone no:	Mobile no:
Email address:	

**Requests for alternative formats will be considered on an individual basis.
Please telephone 01884 255255 or email customerfirst@middevon.gov.uk**

Are they a: private tenant <input type="checkbox"/> council tenant <input type="checkbox"/> owner/occupier <input type="checkbox"/>	
Name of landlord or managing agent (if known):	
Telephone no:	email:
ABOUT THE STEPS YOU HAVE TAKEN TO RESOLVE THE PROBLEM	
If you do not know who is causing the problem or where the problem is coming from please find out before submitting this form.	
Have you spoken to the person causing the problem to advise them of the impact it is having on you? Yes <input type="checkbox"/> No <input type="checkbox"/>	
<u>It is important that wherever possible you approach your neighbour and try to resolve the matter in an informal and polite manner. Your neighbour might not be aware that they are causing any nuisance and this might be the first time they have been made aware of the situation</u>	
What response did you receive?	
If you have not spoken to them, why is this?	
Please provide copies of any correspondence, photographs or any other information that relates to the problem you are concerned about.	

Declaration:

I confirm the information I have provided is correct and that I will co-operate with the Council should formal action be required. I am aware that the Council will hold my information for the purposes of investigating this problem and that it may be shared with other agencies as part of the investigation. I am also aware that my details may need to be disclosed to the alleged perpetrator should the matter go to court. I therefore give my permission for the Council to proceed with its investigation and to undertake all actions as deemed necessary.

Signature(s):

Date:

Please return to:

Public Health and Housing Options

Mid Devon District Council, Phoenix House, Phoenix Lane, Tiverton,
EX16 6PP

Tel: 01884 255255; **Email:** health@middevon.gov.uk