

## RECORD OF ARTIFICIAL LIGHT DISTURBANCE

Caution: Please note the contents of this record may be used in future court proceedings. You should therefore take care to ensure the contents are true and accurate to the best of your knowledge and belief.									
Name									
Address									
Tel No Case Officer (If known)	Ref No (if known)								
I certify that this is a true and accurate record									
Signature									
Date									
ADDRESS COMPLAINED ABOUT									
Have you spoken to your neighbour in order to attempt to resolve this matter?	Yes / No Date:								
If no, why were you not able to speak to your neighbour?									
	P.T.O →								

Indication as to how light affects your enjoyment of own property (eg. could not watch television; woke me up and unable to get back to sleep; stress; woke children up; inability to use a room; stopped from reading; irritability etc).					
Description of light					
Time stopped (eg. 00:30)					
Time light started (eg, 23:30)					
Date of record (eg. Thursday 12th June 2008)					

Please return this form to your Neighbourhood Enforcement Case Officer at: Neighbourhood Enforcement. London Borough of Hounslow, Hounslow House, 7 Bath Road, Hounslow. TW3 3EB