

Ipswich City Council can issue an infringement notice to the registered owner of a vehicle based on your report. You may be required to give evidence in court.

WITNESS AFFIRMATION			
Please verify that you personally witnessed this incident* (You are not able to submit a Littering or Dumping report form if you are not the eye witness of the incident)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you know the person who deposited the waste?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you (the witness) prepared to give witness testimony at court?*			<input type="checkbox"/> Yes <input type="checkbox"/> No
What did you see?*		<input type="checkbox"/> Littering <input type="checkbox"/> Dumping	
On what date did you see the incident occur? NOTE: The sooner you report the incident the more likely a fine can be issued		□□/□□/□□□□	
Time of incident:			
Name of any other Witness (if applicable)			
INCIDENT DETAILS			
Location at which you observed the incident* Location description (street/road, nearest corner, cross street or landmark e.g. bridge, car park, building name, GPS/SatNav, coordinates, northbound, southbound). The more details you provide helps us to issue a more effective infringement notice.			
Nearest suburb or town*			
Local Government Area (if known)			
RUBBISH TYPE			
Littering Substance: (littering is considered to be 200 litres in volume or less, an average. (A wheelie bin is about 200 litres in volume) If a littering offence was witnessed, please select the substance from the following list. If a dumping offence was witnessed, please proceed to question 12.	<input type="checkbox"/> Broken glass	<input type="checkbox"/> Cigarette butt	
	<input type="checkbox"/> Fast food packaging	<input type="checkbox"/> Lit cigarette	
	<input type="checkbox"/> Sharps/medical waste	<input type="checkbox"/> Small item of litter	
	<input type="checkbox"/> Lit cigarette thrown onto flammable material	<input type="checkbox"/> Other (please describe below)	
WITNESS (YOUR) DETAILS			
Name			
Address			
Suburb	State/Territory	Postcode	
Phone			
Signature			
Signature	Date	□□/□□/□□□□	

Littering Substance:			
(littering is considered to be 200 litres in volume or less, an average, (A wheelie bin is about 200 litres in volume)			
If a littering offence was witnessed, please select the substance from the following list. If a dumping offence was witnessed, please proceed to question 12.			
<input type="checkbox"/> Animal/meat waste	<input type="checkbox"/> Tyres	<input type="checkbox"/> Plastic bags – contents unknown	
<input type="checkbox"/> Cars, bodies and parts	<input type="checkbox"/> Landfill materials	<input type="checkbox"/> Construction and demolition waste drums	
<input type="checkbox"/> Asbestos	<input type="checkbox"/> Sharps/clinical waste	<input type="checkbox"/> White goods, electronic waste and furniture	
<input type="checkbox"/> Garden Waste	<input type="checkbox"/> Lit cigarette	<input type="checkbox"/> Other (please describe below)	
Please indicate how you saw the item(s) being deposited:*			
<input type="checkbox"/> Uncovered load		<input type="checkbox"/> After getting out of vehicle	
<input type="checkbox"/> Found illegal dumping		<input type="checkbox"/> Before getting into vehicle	
<input type="checkbox"/> From vehicle		<input type="checkbox"/> Fell or blew off vehicle	
Approximate volume:*			
<input type="checkbox"/> Single item (small)		<input type="checkbox"/> Metric truckload size	
<input type="checkbox"/> Single item (large)		<input type="checkbox"/> Multiple items (<200L in volume)	
<input type="checkbox"/> Wheelie bin size		<input type="checkbox"/> Multiple items (>200L in volume)	
<input type="checkbox"/> Car trailer size			
OFFENDER'S VEHICLE DETAILS			
Please select the type of vehicle involved in the incident:*			
<input type="checkbox"/> Vehicle	<input type="checkbox"/> Trailer	<input type="checkbox"/> Motorbike	
Vehicle Details:			
Your information enables us to crosscheck the vehicle details with the Department of Transport and Main Roads to avoid mistakes and vexatious reporting. Insufficient or incorrect information may result in your report not being processed.			
Registration*		State*	
Make*		Model	
Shape*		Colour	
Other distinguishing features:			
OFFENDER'S DETAILS			
Location in vehicle* (Select one or more)			
<input type="checkbox"/> Driver	<input type="checkbox"/> Front passenger	<input type="checkbox"/> Rear left passenger	<input type="checkbox"/> Rear right passenger
Other/unknown (please specify)			
Gender	<input type="checkbox"/> Female	<input type="checkbox"/> Male	<input type="checkbox"/> Unknown
Description of offender (if seen)			

Ipswich City Council is collecting your personal information in accordance with council's Local Laws and/or relevant legislations so that we can manage a variety of processes concerning the processing of this application. We will not disclose your personal information outside of council unless we are required by law or you have given your consent. However, in order to perform the above functions, we may need to disclose your personal information to the Chief Executive Officer who may in turn make this information available to others in accordance with the Act or as required by law.