**REPORT AN ODOUR**

To log an incident please email: ppadmin@flintshire.gov.uk

Or you can telephone: **01352 703440**

Please include the following information:

1. **Odour Type and Intensity**

(i.e. 1 very faint, 2 faint, 3 distinct, 4 strong, 5 very strong)

The general explanation of the smell ‘wet mop’ needs to be accurate, if you could describe it any differently, please do.

………………………………………………………………………………………………………………………………………………………………………………………………

1. **Exact Times**

If you can smell it throughout the day, make a note below.

………………………………………………………………………………………………………………………………………………………………………………………………

1. **Duration**

If you can smell it at the same strength for any length of time, make a note below.

………………………………………………………………………………………………………………………………………………………………………………………………

1. **Location**

If you are experiencing this inside your property or if in a street, workplace, when travelling, make a note below. Exact location on the street is important.

………………………………………………………………………………………………………………………………………………………………………………………………

1. **Weather Conditions**

At the point of smell, make of note of the weather, e.g. dry, raining, windy (include the direction of the wind if possible).

………………………………………………………………………………………………………………………………………………………………………………………………