



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

Air Quality Management
 246 Voortrekker Road
 Vasco 7460
 P O Box 2815, Cape Town 8000
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CITY HEALTH — Environmental Health Specialised Services — Air Quality Management

CITY OF CAPE TOWN
AIR QUALITY MANAGEMENT SECTION

TEL: (021) 590-5200

FAX: (021) 590-5215

The document is to assist you to record the complaint and the air pollution nuisance you experience. Please complete this with as much detail as possible over a period of time. This record will be used as your affidavit in the event of a court case and you will then be called upon to testify. Once the observation period is completed please have the document signed and certified by a Commission of Oaths/ or at your local police station. The signed affidavit is to be returned to the Air Quality Management Unit.

AFFIDAVIT
RECORDING EVENTS WHEN AN AIR POLLUTION NUISANCE WAS EXPERIENCED

IId No.....
 an adult male / female working/residing at.....

 state that the events occurred as recorded below.

Nuisance in terms of the City of Cape Town Air Quality Management By-Law is defined as:
 “an unreasonable interference or likely interference caused by air pollution with (a) the health or well-being of any person or living organism; or (b) the use and enjoyment by an owner or occupier of his or her property or environment.”

Description of complaint: - What is causing the nuisance:

Date	Time Starting – Ending	Weather Conditions/Wind Directions	How does this nuisance affect you

DEPONENT

Thus signed and sworn to at
on this.....day of20..... by the Deponent
before me he/she confirming that he/she knows and understands the
contents of this affidavit and has no objection to taking the prescribed
oath, considers the oath binding on his/her conscience and uttered
the words: “I swear that the contents of this affidavit are true, so
help me God”.

COMMISSIONER OF OATHS

Full Name:

Capacity appointed in:

Street address:

.....

Area appointed for: