



CITY OF CAPE TOWN
ISIXEKO SASEKAPA
STAD KAAPSTAD

CITY HEALTH, SPECIALISED ENVIRONMENTAL
HEALTH, AIR QUALITY MANAGEMENT UNIT

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**CITY OF CAPE TOWN
AIR QUALITY MANAGEMENT SECTION**

TEL: (021) 590-5211/00

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: