

Schedule "A"
By-law No. 42-15



THE CORPORATION OF THE
TOWNSHIP OF ZORRA
274620 27TH LINE, P.O. BOX 306
INGERSOLL, ONTARIO N5C 3K5

Please fax to: 519-485-2520 or email to: admin@zorra.on.ca
Attention: Smoke Free Enforcement

**SMOKE FREE ONTARIO ACT
WITNESS STATEMENT**

Date and Time of Occurrence _____

Name of Person you
observed smoking in a designated no smoking area _____

Do you know the person personally? Yes No
If yes, how? _____
If no, how did you identify the person? _____

When you witnessed the offence, where were you standing? _____
How far away from the person were you? _____

Could you tell the colour of the cigarette filter? Yes No
What colour was the filter? _____

Could you see the smoke from the cigarette? Yes No

If winter, what was the approximate air temperature? _____

Are you certain that what you saw was smoke and not expelled breath? Yes No

Could you smell the smoke? Yes No

Did it smell like tobacco smoke? Yes No

Would you recognize the smell of smoke for another product? Yes No
How? _____

Please give any other pertinent information: _____

Date

Signature