

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



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

Please fax to: 519-485-2520 or email to: zorra@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