

**THE CORPORATION OF THE TOWN OF INGERSOLL
BY- LAW NO. 10-4557**

A by-Law to amend By-law No. 10-4550 being a by-law to prohibit smoking near municipal entrances and lands.

WHEREAS Council enacted by-law 10-4550 on May 3, 2010;

AND WHEREAS it is desirable to amend by-law No. 10-45150;

THEREFORE the Municipal Council of the Corporation of the Town of Ingersoll enacts as follows:

- 1.0** That section 4.1 of by-law 10-4550 be deleted in its entirety and replaced with the following;
 - 4.1 The Town may post and maintain in conspicuous locations at each required location a sign at least 14 centimetres (5.5 inches) by 14 centimetres (5.5 inches) in size that includes depiction of the international No Smoking symbol at least 7.5 centimetres (3 inches) high, and lettering at least 0.8 centimetres (5/16 inch) high and at least 0.2 centimetres (1/16 inch) wide at the narrowest point, with the rest of the letter sized proportionately, which reads "No Smoking Within 9 Meters (29.5 feet) (Describing Area) The Corporation of the Town of Ingersoll" Maximum Fine \$5000"

- 2.0** That section 6.0 (Enforcement) be amended to include;
 - 6.2 Any person who observes another person acting in contrary to this by-law may submit a Smoke Free Ontario Act Witness Statement which is outlined as Schedule "B" in this by-law to the Town Hall Office.

- 3.0** That Schedule "A" of By-law No. 10-4550 be deleted in its entirety and replaced with Schedule "A" of this by-law.

READ a first and second time this 17th day of May, 2010.

READ a third time and finally passed this 17th day of May, 2010.

Paul Holbrough, Mayor

Elaine Clark, Clerk

Schedule "A"

No Smoking

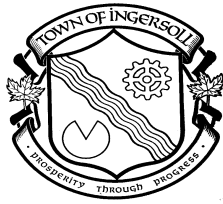


**Within 9 Meters of
(29.5 feet)**

(Described Area)

The Corporation of the Town of Ingersoll
Maximum Fine \$5000

Schedule "B"



Please fax to 519-485-3543
Att: Smoke Free Ontario Enforcement

The Town of Ingersoll
Town Centre
130 Oxford St., 2nd Floor
Ingersoll, ON N5C 2V5

**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