

RENTAL HOUSING VIOLATION COMPLAINT FORM

CASE NO. _____

DATE RECEIVED _____

COMPLAINANT NOTE: The following information you submit about conditions you believe constitute an individual or public health nuisance and/or health hazard may be used as State's evidence if legal action is initiated against responsible party. Confidentiality can not be guaranteed.

Street City Township

Person Responsible Home Phone Work Phone

Street City Township

The alleged violations are as follows: (check if continued on back___)

I, the complainant, witness to the above conditions and having discussed these with the Sanitarian, request a Health Department inspection pursuant to Resolution 01-11.

Complainant's Name Sanitarian _____

Complainant's Signature

Complainant's Address Phone _____