NUISANCE COMPLAINT FORM

NOTICE: 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.

_____

Location of Problem City Township

_____

Responsible Person(s) if known Responsible Person(s) Address

_____

Responsible Person(s) Phone Number Work Number if known

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

I have witnessed the above conditions and request a Health Department inspection.

_____

Complainant's Name

_____

Complainant's Signature

_____

Complainant's Address Phone

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HEALTH DEPARTMENT USE:

DATE: _____ _____

SANITARIAN

CASE NUMBER _____