Public Health Complaint

Submitted to: _____

From: **Name** _____

Address _____

Phone _____

Nature of complaint: (Please describe below specifically the circumstances which you feel create a nuisance to the public health)

_____

_____

(Attach additional pages if necessary)

Property description where health nuisance described exists:

_____

_____

Name and address of owner of property:

_____

_____

_____

Name and address of occupant of property, if different from owner listed above:

_____

_____

I am the complainant named below and do swear based on my own personal knowledge that the facts stated herein are true.

Dated this _____ **day of** _____ **20** _____

_____

(Complainant)