



Public Health
Prevent. Promote. Protect.

PEMBINA COUNTY PUBLIC HEALTH

301 Dakota Street West #2, Cavalier ND 58220
Phone 265-4248 Fax 265-5193 www.pembinacountynd.gov

PUBLIC HEALTH COMPLAINT (Provide as much detail as available)

	Date: _____
FROM:	
Name _____	Phone _____
Address _____	City _____
Property Owner:	
Name _____	Phone _____
Address _____	City _____
Property Occupant (if different from owner):	
Name _____	Phone _____
Address _____	City _____

Nature of complaint: (Please describe below specifically the circumstances that you feel create a nuisance to the public.) Attach additional pages and photos, if necessary.



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PUBLIC HEALTH COMPLAINT (Continuation) **(Provide as much detail as possible)**

Property description where health nuisance described exists:

I am the person filing the complaint and do swear based on my personal knowledge that the facts stated herein are true.

Signature

FOR PUBLIC HEALTH OFFICE USE—DO NOT WRITE BELOW THIS LINE

Date Received _____ PCPH Dept Contact _____

Action Taken

Date forwarded to Regional Environmental Health Specialist _____

Date reviewed by Board of Health _____

Action Taken

Date Closed _____ PCPH Dept Contact _____