

UNION COUNTY ENVIRONMENTAL HEALTH

705 East Taylor Creston, IA 50801

Amanda Husband, ENVIRONMENTAL SPECIALIST

Nuisance Complaint Form

Name of Property Owner: _____

Address/Location of Complaint: _____

Occupant: Owner Tenant/Renter Name, if known: _____

Nature of Nuisance: (check box)

Solid Waste Tattoo Sewage Swimming Pool

Tanning Facility Dumping Trash Chemical Well

Other

Explanation of Complaint:

Have you attempted to resolve this complaint with the property owner and/or occupant?

YES NO Result: _____

Do you have pictures and/or documents to support your complaint? Yes No

If so please attach or explain: _____

Complainant Name: _____

Complainant Address: _____

Complainant Phone Numbers: Home: _____ Cell: _____

All complaints must be received in writing. All complaint forms must be completed in its entirety. Nuisances must be determined to be a Public/Environmental health hazard before action will be taken. Cases involving civil matters between individuals and not directly affecting the public health are advised to proceed through private litigation.

I have personal knowledge of the condition of which complaint is made and I will cooperate with the Union County Board of Health to the extent at which is needed to pursue this case. The above statements are true to the best of my knowledge.

Signature of Complainant: _____ **Date:** _____

Office Use ONLY

Date Inspected _____ Findings: _____

Recommendations: _____

Union County Environmental Health Specialist **SIGNATURE:** _____