



Union County Environmental Health

Amanda Husband, Environmental Specialist
705 East Taylor Street Ste.#2 Creston, IA 50801
Email: unioncountyeh@gmail.com Phone: 641-782-7803

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 Studio/Artist ☐ Sewage/Septic ☐ Well
☐ Tanning Facility ☐ Swimming Pool ☐ Dumping Trash ☐ Other: _____

Explanation of Complaint: (additional pages may be attached as needed)

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 entirety to the best knowledge of complainant. Nuisances must be determined to be a Public/Environmental health hazard before action is taken.

I have personal knowledge of the condition in 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:*** _____