County Environmental Health Department for:

Clarke County

Decatur County

Ringgold County

144 West Jefferson Osceola, IA 50213 1502 NE Poplar St. Leon, IA 50144 119 South Fillmore Mt. Ayr, IA 50854

Phone: 641-223-8299/ Fax: 641-342-2603 Phone: 641-446-6518/ Fax: 641-446-3616 Phone: 641-464-0691/ Fax: 641-464-2476

LOCATION OF COMP	PROPERTY/FACILITY PLAINT: STREET ADDRESS: CITY:		ZIP:	COUNTY:	
THE FOLLOWING INFO	RMATION IS REQUIRED TO PROC	CESS THIS REQUEST & WILL BE	KEPT CONFIDENTIAL TO	O THE EXTENT AS PERM	//ITTED BY LA
REPORTED BY:	PROPERTY/FACILITY STREET ADDRESS:	OWNER:	ZIP:	COUNTY:	
I have personal knowle	CITY: DAYTIME PHONE NU edge of the condition of whice	UMBER:	and will cooperate w	ith Public Health/ B	oard of Hea
to the extent of giving	DAYTIME PHONE NU edge of the condition of whic evidence, which includes but above statements are true to	UMBER: th the complaint is made at not limited to testifying	in court, if requested ion and belief. DATE REPORTED:		
to the extent of giving condition. I testify the SIGNATURE: FOR HEALTH DEPARTM	DAYTIME PHONE NU	UMBER: th the complaint is made at not limited to testifying o the best of my informat	in court, if requested ion and belief. DATE REPORTED: FILE NUMBER:	l, to remedy the unl	
to the extent of giving condition. I testify the SIGNATURE: FOR HEALTH DEPARTM INSPECTION DATE: DATE COMPLIANCE REC	DAYTIME PHONE NU	UMBER: th the complaint is made at not limited to testifying o the best of my informat	in court, if requested ion and belief. DATE REPORTED: FILE NUMBER:	l, to remedy the unl	
to the extent of giving condition. I testify the SIGNATURE: FOR HEALTH DEPARTM INSPECTION DATE: DATE COMPLIANCE REC	DAYTIME PHONE NU	UMBER: th the complaint is made at not limited to testifying o the best of my informat	in court, if requested ion and belief. DATE REPORTED: FILE NUMBER:	l, to remedy the unl	
to the extent of giving condition. I testify the SIGNATURE: FOR HEALTH DEPARTM INSPECTION DATE: DATE COMPLIANCE REC	DAYTIME PHONE NU	UMBER: th the complaint is made at not limited to testifying o the best of my informat	in court, if requested ion and belief. DATE REPORTED: FILE NUMBER: ACTION NECESSARY:	l, to remedy the unl	