

County Environmental Health Department for:
Clarke County & Decatur County

144 West Jefferson
Osceola, IA 50213

Phone: 641-223-8299/ Fax: 641-342-2603

NUISANCE COMPLAINT FORM

TYPE OF COMPLAINT: Sewage Food Related Garbage Other _____

DESCRIPTION: _____

PROPERTY/FACILITY OWNER: _____

LOCATION OF COMPLAINT: STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

THE FOLLOWING INFORMATION IS REQUIRED TO PROCESS THIS REQUEST & WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.

REPORTED BY: PROPERTY/FACILITY OWNER: _____
STREET ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____
DAYTIME PHONE NUMBER: _____

I have personal knowledge of the condition of which the complaint is made and will cooperate with Public Health/ Board of Health to the extent of giving evidence, which includes but not limited to testifying in court, if requested, to remedy the unhealthful condition. I testify the above statements are true to the best of my information and belief.

SIGNATURE: _____ DATE REPORTED: _____

FOR HEALTH DEPARTMENT USE ONLY:

INSPECTION DATE: _____ FILE NUMBER: _____

DATE COMPLIANCE REQUIRED: _____ ACTION NECESSARY: YES NO

Observations, Conditions, Actions, Recommendations, Ect. _____

DATE FILE CLOSED: _____ PERMIT # ISSUED, IF APPLICABLE: _____

SIGNATURE OF SANATARIAN: _____