

**VAN BUREN/CASS DISTRICT HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH DIVISION**

This Department may be unable to take legal action if this form is not complete.

NATURE OF COMPLAINT: _____

PROPERTY LOCATION: _____ **TOWNSHIP:** _____ **SEC:** _____

PROPERTY OWNER/LANDLOARD: _____

ADDRESS: _____ **PHONE:** _____

DIRECTIONS TO PROPERTY: _____

SIGN OR PRINT NAME AT THE BOTTOM OF THIS FORM

FOR HEALTH DEPARTMENT USE ONLY - DO NOT WRITE IN SHADED AREA

<input type="checkbox"/> Enforcement action is being undertaken.	COMPLAINT NUMBER _____
<input type="checkbox"/> Enforcement action not the responsibility of this office. Referred to _____.	
<input type="checkbox"/> Information not complete.	
<input type="checkbox"/> Follow-up investigation will be conducted.	
<input type="checkbox"/> Investigation showed no evidence of violation.	
Public Health Sanitarian _____	Date _____

YOUR NAME: _____ DATE: _____
YOUR ADDRESS: _____ PHONE: _____

Do you want to receive a copy of this report? YES NO