

# REPORT OF A COMPLAINT

## HANCOCK COUNTY BOARD OF HEALTH

Nature of complaint or nuisance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Location: \_\_\_\_\_

Name, address and telephone number of person(s) in control/possession of premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name, address and telephone number of property owner of premises:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Condition has existed from \_\_\_\_\_ to \_\_\_\_\_.

I have personal knowledge of the condition of which Complaint is made. I will cooperate with the Hancock County Board of Health by providing witness, evidence and/or court testimony, if requested. The above statements are true to the best of my information and belief.

Date this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Complainant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone number