Health and Nuisance Complaint Form

MILLS COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

403 Railroad Ave.
Glenwood, Iowa 51534

Complaint No. _____

Property Where Violations Exist:

(Owner) Last Name _____ First Name _____ Home Phone _____ Work Phone _____

Address Where Violations Exist _____ City _____ State _____ Zip _____

General Property Location:

Quarter _____ Section _____ Township _____ N Range _____ W Township Name: _____

Parcel Identification No. _____

Complainant Information:

Name _____ Address, City, State, Zip _____ Phone _____

Violation Information:

Conditions: _____

_____

_____

_____

_____

_____

_____

Date last observed: _____

☐ **NO I do not wish that this information be made public record.**

☐ **YES The information I have provided may be considered public record.**

By checking yes I am aware the information provided on this form may be viewed by anyone upon request

_____ _____

Complainant Signature Date

For Office Use Only

Date Received: _____ Received By: _____

Code Section Violation: _____

Action Taken: _____

_____

_____

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_____

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