



SEWAGE COMPLAINT FORM

DATE: _____

TIME: _____

COMPLAINT AGAINST:

(INDIVIDUAL OR ESTABLISHMENT)

(ADDRESS)

(CITY)

NATURE OF COMPLAINT:

INDIVIDUAL FILING THE COMPLAINT:

(NAME)

(ADDRESS)

(CITY)

(PHONE)

(CELL)

I DO HEREBY AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE.

COMPLAINANT'S SIGNATURE: _____

(COMPLAINANT'S IDENTITY IS NOT ROUTINELY DISCLOSED UNLESS LEGAL ACTION IS NECESSARY.)

THE COUNTY DOES NOT HAVE A NUISANCE ORDINANCE COVERING MOST CONDITIONS WHICH OCCUR BETWEEN TENANT AND LANDLORD, AND ANY DAMAGES OR LOSSES ASSOCIATED WITH RENTAL CONDITIONS ARE STRICTLY A CIVIL MATTER.

PLEASE MAIL, FAX, OR DROP OFF FORM TO:
(OR TO EMAIL ADDRESS ON OUR WEBSITE)

LAWRENCE COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL SERVICES SECTION
105 W. NORTH STREET
MT. VERNON, MO 65712