



Jackson County Health Department

PUBLIC HEALTH NUISANCE COMPLAINT FORM

Type of Public Health Issue (select all that apply)

- Food Safety Solid Waste (illegal dumping/trash)
 Pests/Vermin Sewage

Location/Address of Property:

ZIP:

Property Owner Name:

Property Owner Address (if different than above):

ZIP:

Please provide a detailed explanation of your complaint:

Your Name:

Date:

Address:

ZIP:

Phone Number:

E-mail Address:

Signature of complainant

*****USE BACK OF THIS FORM IF ADDITIONAL SPACE IS NEEDED*****