



# Jackson County Health Department

## PUBLIC HEALTH NUISANCE COMPLAINT FORM

**Type of Public Health Issue (select all that apply)**

- |   |                                      |
|---|--------------------------------------|
| <input type="checkbox"/> Food Safety                      | <input type="checkbox"/> Solid Waste |
| <input type="checkbox"/> Pests/vermin that spread disease | <input type="checkbox"/> Sewage      |

**Location/Address of Property:**

**Property Owner Name:**

**Property Owner Address (if different than above):**

**Please provide a detailed explanation of your complaint:**

**Your Name:**

**Date:**

**Address:**

**Phone Number:**

**E-mail Address:**

*Signature of complainant*