

Jackson County Health Department

PUBLIC HEALTH NUISANCE COMPLAINT FORM

Type of Public Health Issue (select all that apply)

Food Safety

□ Solid Waste

 \Box Pests/vermin that spread disease \Box 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

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