

Complaint to the Grundy County Board of Health

⇒ Nature of the un-healthful condition to which the attention of the Board of Health is requested:

⇒ Location of premises on which the condition exists: _____

⇒ Name and address of owner of premises on which the condition exists:

⇒ Name and address of person in control or possession of premises: _____

⇒ Period, including date of latest observation, that the condition was seen by complainant:

⇒ Name and address of person believed responsible for the un-healthful condition:

⇒ Additional comments relevant to the complaint: _____

“I have personal knowledge of the condition of which complaint is made and will cooperate with the Grundy County Board of Health to the extent of giving evidence if requested to remedy the un-healthful condition. The above statements are true to the best of my information and belief.”

Dated this _____ day of _____ 20____.

Signed _____
Printed name _____
Address _____

Home Phone _____
Daytime Phone _____