

Henry County Health Department  
216 S. 12<sup>th</sup> St. New Castle, IN 47362  
**Phone (765)521-7059**  
environmental@henrycounty.in.gov



## Environmental Complaint Form

COMPLAINANT (NAME OF PERSON FILING THIS COMPLAINT): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ADDRESS OF COMPLAINT: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

OCCUPANT NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

PARCEL ID: \_\_\_\_\_

### COMPLAINT DESCRIPTION:

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I hereby attest that all the above information is true and accurate to the best of my knowledge. I understand that my identifying information will not be disclosed while this case is being investigated by Henry County Health Department staff; I further understand that if this case becomes a matter of the Court that I may be compelled to testify as a witness before the Court and I hereby agree to do so.

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date