

Brown County Department of Health Concerns and Recommendations Form

Date: _____

1. What is the primary issue that you would like the Health Department/Health Board to consider? (This includes concerns and recommendations. Please be specific.)

2. What exactly would you like the Health Department/Health Board do or not do? How do you feel this issue should be resolved?

3. If you see multiple alternatives to solving the problem, what are those solutions?

4. Why is this issue important to you or to the community?

5. If needed, please explain further your reasoning regarding this issue.

The health board meets every other month. For a list of meeting dates, please contact the front office at 812-988-2255.

Name: _____ Address: _____
Phone/ Email: _____ Best time to reach you? _____
Signature: _____

After you have completed this form, mail it to Dr. Norman Oestrike, PO Box 281, Nashville IN 47448, fax it to 812-988-5601 or email it to bchealth@browncounty-in.gov (If additional space is needed, continue writing on reverse side.)