

Dr. Gary Sharp Health Officer Telephone: 317-477-1125 Fax: 317-477-1154

COMPLAINT FORM

	COMPLAINANT INFORMATION		
NAME:			<u>.</u>
ADDRESS:			
PHONE NUMBER:			
COMPLAINT ADDRESS	_(If different than above):		
COMPLAINT TYPE:	MOSQUITOES	RODENTS	COCKROACHE
	HOUSING	TRASH	OTHER
COMPLAINT DETAILS:			
COMPLAINT LOCATION	N ON PROPERTY (IF KNO	WN):	
the undersigned, do now af	firm under penalties of Perj representations are true.		ng information and/or
(SIGN)		(DATE)	

^{**}A person who provides false information upon which a health officer relies in issuing an order Under IC 16- 20-1-25 commits a Class C infraction.