



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:

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