

Health and Nuisance Complaint Form

MILLS COUNTY PUBLIC HEALTH  
ENVIRONMENTAL HEALTH DEPARTMENT

MCPH  
212 Independence  
Glenwood, Iowa 51534

Complaint No. \_\_\_\_\_

**Property Where Violations Exist:**

_____	_____	_____	_____
(Owner) Last Name	First Name	Home Phone	Work Phone
_____	_____	_____	_____
Address Where Violations Exist	City	State	Zip

**General Property Location:**

Quarter \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ N Range \_\_\_\_\_ W Township Name: \_\_\_\_\_  
Parcel Identification No. \_\_\_\_\_

**Complainant Information:**

_____	_____	_____
Name	Address, City, State, Zip	Phone

**Violation Information:**

Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date last observed: \_\_\_\_\_

- NO I do not wish that this information be made public record.  
 YES The information I have provided may be considered public record.

*By checking yes I am aware the information provided on this form may be viewed by anyone upon request*

_____	_____
Complainant Signature	Date

<b><i>For Office Use Only</i></b>	
Date Received: _____	Received By: _____
Code Section Violation: _____	
Action Taken: _____	
_____	
_____	
_____	
_____	
_____	
_____	