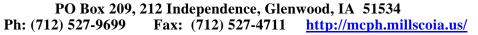
MILLS COUNTY PUBLIC HEALTH

DATE:





Variance Request Form

NAME:	
ADDRESS:	
Variance Request (add more paper and pictures if needed)	
	Home Owner
Approved Disapproved	Date:
	Chairman, Mills County Board of Health