Howard County Environmental Health Complaint Form

Date: _____ Received by: _____ Case #_____

Your name: _____

Your address: _____

Type of Complaint (check each category as applicable)

Animals	**Water Quality**	**Septic System**	**Housing / Property**	
☐ Land Application	☐ Drinking Water	☐ Visible Failure	☐ Garbage / Trash	☐ Insect infestation
☐ Manure	☐ Stream Pollution	☐ Non-Functioning	☐ Water	☐ Rodent infestation
☐ Odors	☐ Swimming Pool		☐ Sewage	☐ Tires

☐ Other (Please describe in detail):_____

_____

_____

Location of complaint: _____

Directions to complaint from Health Department: _____

_____

Occupant(s) name: _____

Property owner(s) name_____

Owner address: _____

Owner phone: _____

Description of Complaint: _____

_____

_____

_____

_____

_____

Continued on back

Your Printed Name: _____

Your signature: _____ Today's Date:_____

Daytime Phone: _____ Evening Phone: _____

120 E. Mulberry Street, Room 210, Kokomo, Indiana 46901-4657 Phone 765-456-2403 Fax 765-456-2417