Cherokee County Board of Health
Environmental Health Complaint Form

1. Nature of the un-healthful condition to which the attention of the BOH is requested:

2. Location of premises on which the condition exits:

3. Name and address of owner of premises on which the condition exists:

4. Name and address of person in control or possession of premises:

5. Period, including date of latest observation, that the condition was seen by complaintant:

6. Name and address of person believed responsible for the un-healthful condition:

I have personal knowledge of the condition of which complaint is made and will cooperate with the Cherokee County Board of Health to the extent of giving evidence if requested to remedy the un-healthful condition. The above statements are true to the best of my information and belief.

Dated this day of , 20 .

Signed _____
Address _____
_____
Phone _____