

ST. CLAIR COUNTY HEALTH DEPARTMENT 3415 28^{TH} STREET PORT HURON MI 48060

Clerical Use Only: Complaint No.

OFFICE: (810) 987-5306 / FAX: (810) 985-5533 environmentalhealth@stclaircounty.org

NUISANCE COMPLAINT FORM				
TYPE OF COMPLAINT: SEWAGE FOOD SOIL EROSION OTHER				
☐ SMOKE FREE 129 (Food Service Establishment) ☐ SMOKE FREE 126 (Workplace)				
DESCRIPTION:				
Property Owner / Facility Name:				
LOCATION OF COMPLAINT:	Street Address:			
	City / Township:		State:	Zip:
THE FOLLOWING INFORMATION IS <u>REQUIRED</u> TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.				
	NI			
REPORTED BY:				
	Street Address:			
	City:		State:	Zip:
	Daytime Phone Number:			
SIGNATURE:		DATE:		
*** FOR HEALTH DEPARTMENT USE ONLY ***				
DATE RECEIVED:		RECEIVED BY:		
DATE INVESTIGATION STARTED:		LOGGED:	□ YES	□ NO
INVESTIGATION RESULTS:			SEE A	ATTACHED
REFERRED TO: MDNRE			•	
□ MDARD		Other		
STAFF SIGNATURE:		DATE RESOLVED:		