Benzie-Leelanau District Health Department

BENZIE OFFICE 6051 Frankfort Highway Suite 100 Benzonia, Michigan 49616 Phone (231) 882-2103 Fax (231) 882-2204

Website: www.bldhd.org

LEELANAU OFFICE

7401 E. Duck Lake Road Suite 100 Lake Leelanau, Michigan 49653 Phone (231) 256-0201 Fax (231) 256-0225

COMPLAINT FORM

Date Rec'd:	Prope	rty Tax ID Number:			
Time Rec'd:					
Type of Complaint: 🗌 Sewage 🗌 Garbag	e 🗌 Wo	ater Supply	Tobacco 🗌 Other		
The information below is required to process this reques will be kept confidential to the extent as permitte		Location of Complaint			
law. Reported by:		Property Addres	55:		
Name of person making complaint:		County:	Township:		
Address:		Property Owner Information			
City, State, Zip		Name:			
Phone number(s):		Mailing Address	:		
E-mail:		City, State, Zip:			
Signature:		Phone Number:			

Please provide as much information as possible to ensure a timely investigation. Photos and other supporting documentation are suggested but not required. A field inspection may be necessary. Some issues may be referred to another local agency or authority, and some involve providing a property owner with educational information. This division does not perform mold testing.

Are children under age 18 in the home?	YES	□ NO	Any previous complaints? TES	□ NO
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How long has the condition existed?

Description of the nuisance/complaint:

FOR HEALTH DEPARTMENT USE ONLY						
Date Inspected:	Public Health Hazard:	YES NO				
Conditions found:						
Signature of Sanitarian:						
<u> </u>						
Action Necessary: YES NO Pe	rmit Required: 🗌 YES 🛛 🗌 NO	Permit Number	·:			
Action Taken:						
	Date Complic	ince Required:				
Referral Required: YES NO	Date Referred:					
Referred to (list agency):						
Follow up Inspection date:	Progress:					
Follow up Inspection date:	Progress:					
Follow up Inspection date:	Progress:					
Sanitarians's Signature:						
Date:	Date Cl	osed:				