Mitchell County Public Health
415 Pleasant St
Osage, Iowa 50461
641-832-3500
Fax: 641-832-3501

Environmental Health Nuisance Complaint Form

PROPERTY / VIOLATION INFORMATION

Address or Location Where Violation Exists:

Owner Name (if known):

Owner Phone Number (if known):

Owner Address, City, State, & Zip Code (if known):

Parcel Number of Property in Violation (if known):

Violation Information or Observed Nuisance (if known):

Personal information on this form is required. Information may be used in court proceedings, court documents, or released per Iowa Code Section 22.2 Right to Examine Public Records.

COMPLAINANT INFORMATION

Your Name:

Your Address:

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COMPLAINANT CONTACT INFORMATION

Your Email:

Your Phone Number:

PROPERTY OWNER CONTACT

Have you contacted the Property Owner?

☐ Yes ☐ No ☐ Other

If Yes, what form of communication was used?

☐ Letter ☐ Phone ☐ In Person

☐ Other

Date of communication with property owner:

CERTIFICATION AND SIGNATURE

Complaint Signature. By signing, I certify that all statements in this complaint are true and accurate.

Signature:

Date Signed:

Complete all applicable fields. Save a copy for your records before submitting.