

Montgomery County
Health Department



Your partner for a healthy community

COMPLAINT FORM

DATE: _____

DESCRIPTION OF PUBLIC HEALTH NUISANCE:

LOCATION OR ADDRESS OF THE PUBLIC HEALTH NUISANCE:

OWNER/OCCUPANT OF PROPERTY: _____

NAME OF PERSON REPORTING COMPLAINT: _____

ADDRESS: _____

PHONE NUMBER: _____

This complaint will be reviewed as to its validity as a justifiable mandated public health nuisance. By signing this form, you are testifying that all information provided above is correct & true.

Signature: _____ Date: _____

Referred to: _____ Date: _____

Montgomery County Health Department
108 East Locust
Mt. Sterling, KY. 40353
859-498-3808

MCHDENV-011-R1
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