

Lassen County Environmental Health Complaint Form

OCCUPANT'S NAME: _____
PHYSICAL ADDRESS: _____
TELEPHONE: _____

OWNER OF PROPERTY: _____
ADDRESS: _____
TELEPHONE: _____ APN: _____

COMPLAINANTS NAME: _____
ADDRESS: _____
TELEPHONE: _____

DIRECTIONS TO LOCATE:

NATURE OF COMPLAINT:

----- DO NOT FILL IN BELOW THIS LINE -----

ACTION TAKEN:

FOLLOW-UP/RESOLUTION:

RECEIVED BY: _____ DATE: _____

CLOSED REFERRED TO DA REFERRED TO COMMUNITY DEV. DATE: _____

BY: _____
ENVIRONMENTAL HEALTH SPECIALIST