Health/Nuisance Complaint Form

Floyd County Board of Health

Floyd County Courthouse
101 South Main
Charles City, IA
50616

Complaint No._____

Property Where Violations Exist:

_____ _____ _____ _____
(Owner) Last Name | First Name | Home Phone | Work Phone

_____ _____ _____ _____
Address Where Violation Exist | City | State | Zip

General Property Location:

Quarter _____ Section_____ Township _____N Range _____ W Township Name: _____

Parcel No._____

Complainant Information:

_____ _____ _____
Name | Address, City, State, Zip | Phone

Violation Information:

Conditions: _____
_____
_____
_____
_____
_____
_____
_____

Date last observed: _____

☐ No I do not wish that this information be made public record.

☐ Yes The information I have provided may be considered public record.

By checking yes I am aware the information provided on this form may be viewed by anyone upon request

_____ _____
Complainant Signature | Date

For office use only

Date received: _____ Received By: _____

Code Section Violation: _____

Action Taken: _____
_____
_____
_____
_____
_____
_____
_____
_____