RAVALLI COUNTY ENVIRONMENTAL HEALTH
215 S 4TH SUITE D
HAMILTON, MT 59840
406-375-6565

OFFICIAL COMPLAINT FORM

COMPLAINANT INFORMATION

Name _____
Please Print or Type *Last* *First* *Middle Initial*

Address: _____

City: _____ State _____ Zip _____

Phone: Day: (____) _____ Evening: (____) _____

PHYSICAL LOCATION OF COMPLAINT

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: ____ Zip: _____

PROPERTY OWNER INFORMATION

Name: _____ Phone: (____) _____

Address: _____

City: _____ State: ____ Zip: _____

ABOUT YOUR COMPLAINT

Nature of Complaint Junk Vehicle ☐ Septic ☐ Burning ☐ Garbage ☐ Restaurant ☐ Public Accommodations ☐ Other ☐ _____.

Complaint _____

SIGNATURE

I declare, under penalty of perjury under the laws of the State of Montana, that the information contained in this complaint is true and accurate, and that any documents attached are true and accurate copies of the originals.

I understand that this official complaint form, once signed and filed with the Ravalli County Environmental Health Office, constitutes a public record under Montana Law that is generally open to public inspection.

_____ _____.
Signature Date

FOR OFFICE USE ONLY

Action Taken:

☐ Called on: _____ ☐ Sent Letter on: _____ ☐ Site Visit on: _____.

Sanitarian Responding: _____.

GEO CODE: Parcel # ☐ OPEN ☐ CLOSED ☐ PROSECUTION