

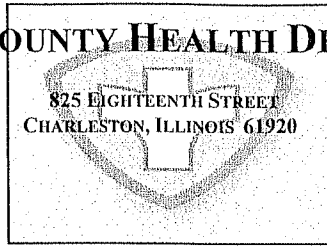
COLES COUNTY HEALTH DEPARTMENT

Diana Stenger
Administrator

Mara Hildebrand
Director of Nursing

Gloria Spear
Director of Environmental
Health

Paul Howarth
Administrative Assistant



Telephone Numbers:
(217) 348-0530 Charleston

(217)348-5321 Public Health Fax
(217)348-5322 Environmental Health Fax
(217) 348-8242 TB Fax

www.co.coles.il.us/cchd/index.html

COLES COUNTY SOLID WASTE STORAGE AND HANDLING OF REFUSE AND NUISANCES ORDINANCE CITIZEN NUISANCE COMPLAINT FORM

Please print and fill in as much information as possible. This form must be completed and signed in order for the Sheriff's Department and the Health Department to investigate nuisance complaints.

NAME _____

HOME TELEPHONE NUMBER _____

ADDRESS _____

DAYTIME TELEPHONE NUMBER _____

CITY, STATE, ZIP _____

Do you consent to Coles Co. Sheriff's or Health Dept. disclosing your identity as complaining party?
 YES NO

Type of Complaint: (check one)

- CLEAN AIR FOOD SEWAGE SOLID WASTE
 WATER OTHER (DESCRIBE) _____

Owner of Property _____

Occupant of Property _____

Address of Property _____

Telephone _____

Directions to Property _____

Briefly Describe Problem _____

If you remember specific times when the problem occurred, please list time of day and date:

TIME

DATE

Has this problem affected your health? YES NO

If YES, please explain _____

Have you consulted a doctor? YES NO

(Continued on back)

Has the problem damaged your property? YES NO

If YES, describe your property damage _____

Do you have photos, a written record, or other evidence? YES NO

Have you ever worked for the suspected source? YES NO

Have you filed a claim against the responsible party? YES NO

Have you contacted the source and complained? YES NO

If you complained, briefly describe to whom and with what results: _____

Have others been affected by this problem? YES NO

If YES, please provide names and addresses: _____

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

CITY, STATE, ZIP _____

CITY, STATE, ZIP _____

Are you willing to testify under oath at an enforcement hearing or in court? YES NO

Have you enclosed additional material? YES NO

YOUR SIGNATURE _____

DATE _____

FOR OFFICE USE ONLY
Nuisance Complaint Number:

Date Received:

Return To:

COLES COUNTY HEALTH DEPARTMENT

Environmental Health Division

825 18th Street

Charleston, IL 61920

Fax: 217-348-5322