WASHINGTON COUNTY HEALTH DEPARTMENT

1302 Pennsylvania Avenue • Hagerstown, MD 21742

www.washhealth.org

ENVIRONMENTAL HEALTH - COMPLAINT INVESTIGATION

DATE _____

COMPLAINANT'S NAME _____ PHONE _____

ADDRESS _____

_____

NATURE OF COMPLAINT _____

_____

_____

LOCATION OF PROPERTY _____

_____

NAME OF BUSINESS (if applicable) _____

FOOD SERVICE FACILITY ____ YES ____ NO

NAME OF PROPERTY RESIDENT _____

NAME OF PROPERTY OWNER/MANAGER _____

ADDRESS OF OWNER/MANAGER _____

_____

PHONE _____

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