

NUMBER \_\_\_\_\_

**SANITATION COMPLAINT**

LAPEER COUNTY HEALTH DEPARTMENT - ENVIRONMENTAL HEALTH DIVISION  
1800 IMLAY CITY RD - LAPEER MI 48446  
(810) 667-0392

DATE \_\_\_\_\_ SEWAGE RELATED \_\_\_\_\_

ADDRESS/LOCATION \_\_\_\_\_  
(Address) (Township)

OCCUPANT \_\_\_\_\_

OWNER (If other) \_\_\_\_\_

COMPLAINT \_\_\_\_\_  
(Address) (Phone #)

NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_  
(Required)

SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_

Health Department Use Only

.....  
DATE INVESTIGATED \_\_\_\_\_ FINDINGS, COMMENTS, ETC. \_\_\_\_\_

DATE CLOSED \_\_\_\_\_, SANITARIAN \_\_\_\_\_