

**Pike County Health Department
19 North Main Cross
Bowling Green, MO 63334
Ph. (573) 324-2111 Fax (573) 324-5517**

SEWAGE COMPLAINT FORM

I (we), _____, hereby wish to register a
sewage/wastewater complaint with the Pike County Health Department on this
_____ day of _____, _____. In signing this form I (we) hereby agree
to provide legal testimony regarding this complaint if requested. I (we) believe the
source of the sewage/wastewater to be originating from the property of :

_____ Located at _____

Directions to property: _____

The conditions causing this complaint are: (check appropriate box(es).)

- Sewage/wastewater is draining onto my (our) property:
- I (we) notice unpleasant odors from sewage/wastewater:
- I (we) believe there may be a potential health risk:
- Other – Please specify: _____

I (we) give permission for Environmental Public Health Specialist to enter complainants

Property for the sewage investigation. (signature) _____

Signature(s)

Date

Please Note: Section 610 of Missouri State Law (Missouri Sunshine Law) requires that records of government agencies be open to the public. Therefore, this complaint form is accessible to anyone who requests a copy in writing. A summary of the Missouri Sunshine Law is available for review in this office.