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www.hendersoncountync.gov/health

NUISANCE COMPLAINT

(Mark Problem)	Sewage	Water Sunnly	Other	ATE:	
Other (Specify)					
Property Owner Where Problem Is L	ocated:		Pho	one#	
Name of Occupant (Where Problem Is Loo			Pho	ne#	
Address & Directions	to Problem:				
Specific Problem:					
				<u> </u>	
Complaint Made By			Phone:		
•	Print Name		Signature Daytime 8-9 am		
Address:			City		-
OFFICE ONLY: Init		Name		Date	Time
Results/Action Taker	1:				
Justified	Not Justified			nvironmental Hea	lth Specialist
tesults Reported:In PersonPhone			Date received:		
Report to:			Da	ate Closed:	
Name Date			Complaint #:		