

Health Department

101 East Second Street Rushville, IN 46173

(765) 932-3103

rcdh@rushcounty.in.gov

Complaint Form

Date _____

Offending Property Owner Name: _____

Property Address: _____ Phone _____

City: _____ State _____ Zip _____

Mailing Address (if known): _____

City: _____ State _____ Zip _____

Name of Occupant: _____

Nature of Complaint:

____ NEW HOUSE

____ SIGN

____ NOISE

____ NEW MOBILE HOME

____ FENCE

____ ODOR

____ ADDITION TO HOUSE

____ JUNK VEHICLES

____ RUBBISH

OTHER: _____

DISCRIPTION: _____

I affirm under the penalty for perjury, the above-mentioned statements are true to the best of my knowledge

PRINT NAME

SIGNATURE

Address: _____ City/State: _____ Zip: _____

Phone: _____

Health Department Use Only

Investigation Status: _____

IC 16-20-1-25 (e) A person who provides false information upon which a health officer relies in issuing an order under this section commits a criminal Class A and/or Class B misdemeanor