

Ste. Genevieve County Health Department

(573) 883-7411
Fax (573) 883-5857

115 Basler Dr.
Ste. Genevieve, MO 63670

CITIZENS SEWAGE COMPLAINT FORM

Date: _____

Complainant:

Name: _____

Address: _____

Phone Number : _____

Complaint is against:

Name: _____

Address: _____

Phone Number: _____

Nature of Complaint:

Adjacent Property Owner

or

Aggrieved Party

(If aggrieved party, please specify how you are aggrieved)

Location (provide specific directions on how to find this site):

Please be assured that your complaint will be investigated within 15 business days, if at all possible. When sufficient evidence is not available to determine that a law, rule or regulation has been violated, this complaint will be marked "insufficient evidence" with no further action being taken.

Be informed that this complaint may result in court action against the person or persons named above. As the complainant, you must agree to cooperate with the County Prosecuting Attorney, the County Health Department, and the Missouri Department of Health in the prosecution of this case.

This complaint will become a matter of public record. This complaint can and will be shown to concerned citizens who request, in person, said information and sign a request form to view files. This information will not be given by phone nor outside the office in which said files are kept.

I have read the above terms and understand my obligations as the complainant and do hereby submit this complaint.

Signed _____

Date _____