

# BUCKS COUNTY DEPARTMENT OF HEALTH

## Bureau of Environmental Health

### DISTRICT OFFICES

Neshaminy Manor Center, Health Building, 1<sup>st</sup> floor, 1282 Almshouse Road, Doylestown PA. 18901

Bucks County Government Services Center, 7321 New Falls Road, Levittown, PA. 19055

Bucks County Government Services Center, 261 California Road, Suite 2, Quakertown, PA. 18951

### Environmental Complaint

Please complete items #1 through #4 of this form as accurately as possible. Mail or deliver one copy of the completed form to the nearest Bucks County Department of Health District office.

Date: \_\_\_\_\_

#### 1. Location of Complaint:

Township/Borough \_\_\_\_\_

Property Tax Map # (if known) \_\_\_\_\_

Directions for locating complaint (be specific): \_\_\_\_\_

\_\_\_\_\_

#### 2. Responsible Party (If known):

Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Street \_\_\_\_\_ Post Office (City/Town/State) \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 3. Complainant:

Name \_\_\_\_\_ Daytime Telephone No. \_\_\_\_\_

Street \_\_\_\_\_ Post Office (City/Town/State) \_\_\_\_\_ Zip Code \_\_\_\_\_

#### 4. Nature of Complaint (Please state as completely as possible): (Continue on additional piece of paper, if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

For Department Use Only

T.M. # \_\_\_\_\_ Project # \_\_\_\_\_

Received Via:  Mail  Hand Del.  Telephone By: \_\_\_\_\_ Time \_\_\_\_\_

Assigned to: \_\_\_\_\_  
Name District Office Date