

BENTON COUNTY DEPARTMENT OF HEALTH AND LAND USE

COMPLAINT FORM

Address of Property
Being Reported: _____

Name of Property Owner: _____

Nature of the Complaint: _____

Complainant
Name: _____ Phone: _____

I understand that the provided information will be used by the Benton County Department of Environmental Health and Land Use to investigate this complaint. It is also understood that I may receive a subpoena from the Benton County Attorney's Office seeking my testimony in a court proceeding regarding this complaint.

Complainant
Signature: _____