



Environmental Health Nuisance Complaint Form

STORY COUNTY ENVIRONMENTAL HEALTH DEPARTMENT

Administration Building, 900 6th Street, Nevada, Iowa 50201

515.382.7240 - HealthWeb@storycounty.com - www.storycountyiowa.gov

Property In Violation:

Owner First Name (if known)

Owner Last Name

Phone Number

Address/Location Where Violation Exists

City

State

Zip

Parcel Number (if known)

Complainant Information:

Full Name

Address/City/State/Zip

Email

Phone

Have you contacted the property owner: Yes No

If yes, which form of communication was used: Letter Phone In Person

Date of Notification

Violation Information:

Observed Nuisance:

Reference the list below for local City Hall contact information regarding violations existing within city limits.

Ames	515.239.5400	Mccallsburg	515.434.2242
Cambridge	515.220.4541	Nevada	515.382.5466
Collins	641.385.2205	Roland	515.388.4861
Colo	641.377.2238	Sheldahl	515.685.2814
Gilbert	515.233.2670	Slater	515.685.2531
Huxley	515.597.2561	Story City	515.733.2121
Kelley	515.769.2213	Zearing	641.487.7477
Maxwell	515.387.8655		

Date last Observed

Personal information on this form is optional. If you provide information, it may be used in court proceedings, court documents, or released per Iowa Code Section 22.2 Right to Examine Public Records. If you choose not to provide personal information, please sign with the designation of "anonymous".

For Office Use Only

Date Stamp

Staff: _____ PIP Violation #: _____

Complainant Signature:

Date:

By signing I certify that all statements included in this complaint are true and accurate.

Submit by Email

Print Form