



# MONO COUNTY HEALTH DEPARTMENT

## Environmental Health

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### REQUEST FOR SERVICE

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Date: \_\_\_\_\_ Time: \_\_\_\_\_ Initial information taken by: \_\_\_\_\_

Type of Request:

Complaint \_\_\_\_\_ Investigation \_\_\_\_\_ Assistance \_\_\_\_\_

Name of person making request: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Do they want a call back? Y N      Caller wishes to remain anonymous? Y N

Name of Facility/Organization/Individual Involved: \_\_\_\_\_

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Address/Location \_\_\_\_\_ Phone: \_\_\_\_\_

Nature of Complaint/Investigation/Assistance:

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Request handled with phone call by: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Outcome: \_\_\_\_\_

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Request handled on-site by: \_\_\_\_\_ Date: \_\_\_\_\_

Time: \_\_\_\_\_

Outcome: \_\_\_\_\_

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Closed (date): \_\_\_\_\_

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