



O.S.S.F. COMPLAINT

Waco-McLennan County Public Health District
O.S.S.F. Program
P.O. Box 2570
Waco, TX 76702-2570
(254) 299-2405
Fax: (254) 750-6619

COMPLAINT DATA

Complainant Information:

First name: _____ Last Name: _____ Phone #: _____

Address: _____

City: _____ State: TX Zip Code: _____

Property Owner Information:

Owner's name: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Location of Complaint:

Resident's name: _____ Phone #: _____

Address: _____

City: _____ State: TX Zip Code: _____

Directions to Site and Nature of Complaint:

Please provide as much of the information requested as possible to aid us in locating and correcting the problem you are contacting us about. Your help in keeping our living environment safe, clean, and free of disease is greatly appreciated. When you have completed the form, you may call us with the information at 254-299-2405, fax it to us at 254-750-6619, or e-mail it to us at charlesg@ci.waco.tx.us.