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@wacotx.gov.