IREDELL COUNTY HEALTH DEPARTMENT

Environmental Health Division

Complaint Form

Date Received: 6/10/09

Program Affected: (Circle One) (OSWP) FLI

Name of Complainant: LARRY LEFSKY Telephone: 704-799-9676

Address: 215 STREAMSIDE PL. MOORESVILLE, NC.

Complaint: SYSTEM SURFACING 4665218358

LOT in

Directions to Complaint: 215 STREAMSIDE PL

Person Responsible for Complaint: LARRY LEFSKY

Address: SAME Telephone:

EHS Investigating: Date of Initial Visit:

* Conditions Found / Initial Action Taken:

* Additional Visits, Dates & Actions:

* Final Disposition / Resolution:

Date:

Referral to Another Agency:

Complaint Conclusion: (Circle One) Justified Not Justified Undetermined

* Use back if needed

Revision 4/ 09

Signed: