



Town of St. Albans
Health Officer
428 Lake St.
St. Albans, VT 05478
(802) 527-7646
b.cross@stalbanstown.com

Health Complaint Affidavit

Name of Complainant: _____

Mailing Address: _____

Contact Information (phone # or email): _____

Information About the Parcel Which Is the Subject of This Complaint:

Property Address: _____

Property Owner: _____

Other Location Information: _____

Description of Health Complaint:

Please describe the conditions of the property or structure which you feel may be in violation of the Vermont Health Laws. Please attach copies of any photographic evidence.

Complainant Certification:

By signing this complaint form, the undersigned hereby confirm(s) that the information presented in this complaint was witnessed by him/her/them and the details are true, accurate, and complete.

Signature: _____ **Dated:** _____

Signature: _____ **Dated:** _____