



# Cowlitz County Health and Human Services

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Environmental Health Unit: 207 4th Avenue North, Kelso, WA 98626 OMSeptic@cowlitzwa.gov

## REQUEST FOR INVESTIGATION

### Subject of Complaint:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Can the complaint be viewed from a public roadway?  YES  NO If yes, on what public road, and where specifically,  
can the complaint be seen from: \_\_\_\_\_

Nature of Complaint:

### Complainant:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

By checking this box, complainant indicates a desire that Cowlitz County not disclose information revealing complainant's identity per RCW 42.56.240

<b>OFFICE USE ONLY</b>		<b>ENTERED INTO ACCELA:</b>	
<input type="checkbox"/> SEWAGE	<input type="checkbox"/> Campground	<input type="checkbox"/> NA	
<input type="checkbox"/> SW	<input type="checkbox"/> OTHER:	DATE: _____	INITIALS: _____
<input type="checkbox"/> OSS	_____		