Cattaraugus County Health Department
Environmental Health Complaint / Referral Form

Complainant / Reported by:

Name:_____

Address:_____

City/State/Zip:_____

Phone:_____

Nature of Complaint:_____

_____

_____

_____

_____

_____

_____

_____

_____

Owner of Property:

_____

Address / Location:

_____

Tax Map Parcel ID# (Visit **www.CattCo.org/real_property** to view a property's Tax Map Parcel ID):

_____

Mail or fax completed form to:

Cattaraugus County Health Department
Environmental Health
1 Leo Moss Drive
Olean, New York 14760
(716) 373-8050
Fax: (716) 701-3737