

Milam County On-Site Sewage Facility Program Complaint Form

Mail to:
Milam County Health Department
Attn: OSSF Program
209 S. Houston
Cameron, TX 76520

Complaint Against:

Name: _____ DL or License #: _____ State: _____

Address: _____

City: _____ Zip: _____

Phone: (business) _____ Other: _____

Nature of Complaint: _____

Complaint Filed by:

Individuals are entitled to request and review their personal information that the Milam County Health Department gathers on its forms. They may also have any errors in their information corrected. To review such information or if you have questions on how to fill out this form please contact us at (254)697-7039.

Name: _____

Driver's License or ID Number: _____ Issue State: _____

Address: _____

City: _____ Zip: _____ Phone: _____

AFFIDAVIT: The information attached is true and correct to the best of my knowledge. I understand if the case proceeds to a formal hearing, I may be required to testify in that proceeding in court. I may be asked to explain the information I have provided and cross-examined by the defendant's attorney. This could include questions regarding my testimony and motives.

Complainant

Signature: _____ Date: _____