



DEPARTMENT OF ENVIRONMENTAL HEALTH (DEH)
CAYMAN ISLANDS GOVERNMENT

COMPLAINT/SERVICE REQUEST FORM

COMPLAINT / SERVICE REQUEST INFORMATION

Date received (DD/MM/YYYY): _____ Time Received: _____ AM/PM Receiver (please print): _____

Nature of Complaint / Service: _____

REQUESTOR/COMPLAINANT/PROPERTY OWNER INFORMATION (underline as appropriate)

Name: _____

House / Bldg#: _____ Street Name: _____

Block: _____ Parcel: _____

District: _____ Island: _____

Phone: _____ 2nd Phone/ Extension: _____

Email: _____ Fax: _____

COMPLAINT INFORMATION

Name of Alleged Offender: _____

House / Bldg #: _____ Street Name: _____

Block: _____ Parcel: _____

District: _____ Island: _____

Phone: _____ Cell: _____

Email: _____

RODENT CONTROL:

Do you have any pets? Yes No Cats Dogs Additional Info Re Pets: _____

Are kids present? Yes No

Will someone be at home between 8:30a.m and 4:00p.m.? Yes No

Do you give permission for baiting to be done in your absence? Yes No

Would you like a call in advance? Yes No