



**AITKIN COUNTY HEALTH & HUMAN SERVICES
PUBLIC HEALTH DEPARTMENT**

204 First Street NW
Aitkin, MN 56431

Phone: 800-328-3744/218-927-7200
Fax: 218-927-7262



Public Health
Prevent. Promote. Protect.
Aitkin County

Notice of Unsubstantiated Public Health Nuisance

To: **Occupant and/or Owner or Representative**

Please be advised that as the designated Health Authority for Aitkin County and pursuant to authority granted in Minnesota State Statute, Section 145A, on **Month Date, Year**, I, along with **First Name Last Name**, Environmental Services Director, made inspection of the premises located at:

Physical Address: **Address**
City, MN Zip Code

Parcel: **#XX-X-XXXXXX**

This letter is to inform you that following the inspection, there were no findings to support a Public Health Nuisance. Aitkin County will be taking no enforcement action at this time. If you have any questions about this letter, please feel free to contact me.

OPTIONAL:

This letter also serves to provide information to protect against these potential hazards (source of filth/spread of disease) turning into a substantiated public health nuisance.

- Add information about potential public health nuisances with education, if applicable
- Add information about potential support or resources available
- Add information about planning and zoning ordinances violated (after discussion with partners), if applicable

Thank you for your cooperation.

Aitkin County Health & Human Services

Date: _____
Month Date, Year

Name, Public Health Supervisor
Aitkin County Health & Human Services
Designated Agent

- cc: **Name**, Aitkin County Attorney
Name, Director, Aitkin County Environmental Services
Name, Director, Aitkin County Health & Human Services
Name, Aitkin County Board of Commissioners