



**PUBLIC HEALTH NUISANCE
ABATEMENT ORDER
PROOF OF SERVICE**

*Mille Lacs County Board of Health
620 Central Avenue North
Milaca, MN 56353
320-983-8318*

STATE OF MINNESOTA
COUNTY OF MILLE LACS

vs

*Property owner name
Address*

The above notice and order was served by me on *date* by (handing a copy to *owner*/posting a copy thereof upon the above-described premises/Registered or Certified mail).

*Name
Signature*

Subscribed and sworn before me this () day of () 20().

Notary