

VILLAGE OF ST. JOHNSVILLE BOARD OF HEALTH  
INFORMATIONAL SHEET

The 'Village of St. Johnsville Board of Health' is, in fact, the 'Village of St. Johnsville Board of Trustees' authorized by the Public Health Law to act in a separate legal capacity strictly regarding 'public health' issues. The purpose of the 'Village of St. Johnsville Board of Health' is to investigate and abate 'public health nuisances' in an expedient, efficient and lawful manner.

A 'public health nuisance, for this Village Board of Health,' is defined as **"a condition resulting from natural occurrences, or from lawful or unlawful conduct which either results in an endangerment or adverse effect, or if not abated could reasonably and foreseeably be expected to result in an endangerment or adverse effect, upon the personal health, convenience, safety and/or comfort of several or more persons."**

In order for the 'Village of St. Johnsville Board of Health' to consider acting upon an alleged 'public health nuisance', either immediately or at a regular or special meeting, a written Complaint form must be secured from, and filed with, the Village Clerk. The filing of a Complaint insures that the Board of Health will consider the allegations but does not insure that it will take action, i.e. the complained of condition may not be determined to be a 'public health nuisance' or, even if determined to be a 'public health nuisance', may be a condition covered by other provisions of law enforced by local or state police, or the Sheriff's Department, or through local, county or state officials or administrative agencies.

If the 'Village of St. Johnsville Board of Health of Health' exercises jurisdiction, it must follow the requirements of due process, i.e. notice and opportunity to be heard. The Board has the legal authority to immediately investigate and abate a 'public health nuisance' without affording notice and opportunity to be heard if the particular circumstances reasonably and justifiably require such action.

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COMPLAINT FORM

Name of Complainant: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Location of Condition Complained Of:

\_\_\_\_\_

Describe Condition Complained Of and Claimed Adverse Effect(s):

*Add additional sheets as necessary*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If known, when did condition arise: \_\_\_\_\_

Other: \_\_\_\_\_

\_\_\_\_\_

If available, attach photos, statements of witnesses, etc.

**I solemnly swear under the penalty of perjury that the within information is true to the best of my knowledge and that I am not offering it for the purpose of harassing any individual for personal reasons.**

DATE: \_\_\_\_\_

Signature