

St. Johnsville Consolidated Board of Health

INFORMATIONAL SHEET

The 'St. Johnsville Consolidated Health District' is a municipal entity which encompasses the entire areas of the Village of St. Johnsville and Town of St. Johnsville outside Village. It is governed by a three (3) member Board identified as the 'St. Johnsville Consolidated Board of Health' which consists of the Village Mayor who, by law, is its presiding officer, the Town Supervisor, and one (1) member of the public selected by the Mayor and Supervisor. The St. Johnsville Village Clerk, by law, is the Secretary of the local Consolidated Board of Health.

The purpose of the Consolidated Board of Health is to act to abate public health nuisances. A 'public health nuisance' is defined as "a condition resulting from natural occurrences or from conduct which, although not unlawful or unreasonable under the circumstances, either endangers or adversely affects, or if not abated could reasonably be expected to endanger or adversely affect, the health or safety of several or more persons."

In order for the Consolidated Board of Health to consider acting upon an alleged 'public health nuisance' a written Complaint form must be completed and filed with the Secretary of the Board. This form is available from the Secretary at the office of the St. Johnsville 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 through local or state police, or the Sheriff's Department, or through local, county or state administrative agencies.

If the Consolidated Board 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 abate a 'public health nuisance' without affording notice and opportunity to be heard if the particular circumstances reasonably require such action.

ST. JOHNSVILLE CONSOLIDATED BOARD OF HEALTH
COMPLAINT FORM

Name of Complainant: _____

Address: _____

Telephone: _____

Location of Condition Complained Of:

Describe Condition Complained Of: _____

If known, when did condition arise: _____

Other: _____

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

I solemnly swear that the above 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: _____