

# **YOUR ASSISTANCE NEEDED !**

## **Report Suspected Unlicensed Plumbing Work**

**From time to time we see or hear of plumbing work being done by people that we suspect are not licensed plumbers. How do you report it and to whom? This form is provided to assist you if and when these situations arise. Help to protect our Industry and the health and safety of your community and State.**

Alleged Violator \_\_\_\_\_

Address Where Alleged Violation Occurred \_\_\_\_\_

County Where Alleged Violation Occurred \_\_\_\_\_

Description of Alleged Violation \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

(Optional)

Your Name or Company) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Plumbing License Number \_\_\_\_\_ Phone \_\_\_\_\_

Please return completed to:

Plumbing Program  
Illinois Dept. of Public Health  
535 W. Jefferson Street  
Springfield, Illinois 62761

Illinois PHCC  
821 South Grand Ave., West  
Springfield, Illinois 62704  
Fax: (217) 522-4315