

[Today's Date]

Name

Street Address

City, State Zip Code

EMERGENCY PUBLIC HEALTH ORDER

A. WRITTEN STATEMENT

I, [THO Name], Town Health Officer, [City, State], do hereby find that:

1. On August 28th and 29th, 2011, Hurricane Irene swept across Vermont, causing substantial storm damage and massive flooding.
2. On [date of site visit], Town Health Officer [THO Name], visited [Address] and observed the following that presents an imminent and substantial public health hazard or the need to mitigate an imminent and substantial public health risk as defined in 18 V.S.A. 2 (8) and (9).
3. Please fully describe the condition or agent (biological, chemical or physical) which is present and the harm, or potential imminent harm, that is posed by this condition. Finally include in your description the public nature of the hazard. (e.g., the number of people at risk, the geographical area at risk).

ORDER

ORDERED, to immediately cease and desist, [describe action or condition]

ORDERED, that the following individuals or entities are hereby authorized to enter [address] for the purposes of repairing the above stated damage; [list individuals if applicable]

ORDERED, that the following actions must be taken before the emergency order may be removed [include all actions that must be completed prior to order being lifted]:

THIS EMERGENCY HEALTH ORDER SHALL REMAIN IN FORCE AND EFFECT FROM THE DATE OF ITS ISSUANCE AND THROUGHOUT ANY HEARING UNLESS MODIFIED OR TERMINATED BY .

[today's date]

[THO Name]
Town Health Officer

STATEMENT OF PROCEDURAL RIGHTS

Pursuant to 18 V.S.A. §§ 126 & 127, you are hereby notified of your rights.

1. You shall be given the opportunity for a hearing on this emergency health order within five (5) days from receipt of the order. Please notify the [Insert Town/City] Board of Health within five days to request a hearing.
2. You have the right to appeal any act, decision or order of the [Insert Town/City] Board of Health to the State Board of Health.
3. Your appeal to the State Board of Health must be made within 30 days of the act, decision, or order.
4. The appeal hearing before the State Board of Health shall be subject to the provisions of 3 V.S.A., Ch. 25, the Administrative Procedure Act, relating to contested cases.
5. The State Board of Health will hear your appeal de novo, that is, it will consider your case anew, and all persons and parties of interest, as determined by Board rule, may appear and be heard. A decision on your appeal will be made within 30 days following the conclusion of the hearing.
6. You may appeal the decision of the State Board of Health to the Vermont Supreme Court.
7. Failure to comply with the provisions of the Health Order issued by the [Insert Town/City] Board of Health or the Emergency Health Order of the health officer may subject you to further legal action including civil enforcement of the order in the superior court and criminal penalties.