



Public Health
Prevent. Promote. Protect.
Perry County
Health Department

PERRY COUNTY HEALTH DEPARTMENT

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NUISANCE COMPLAINT REPORT

Name of Offender: _____

Address: _____

Location of Nuisance: _____

Nature of Complaint:

Submitted by:

Name _____

Address _____ Phone _____

I consider the above condition to be a public health nuisance-injurious to health, comfort, or property of
Individuals of the public-and would be willing to testify, if necessary, concerning the condition.

Signature _____ Date _____

For Health Department Use Only:

Date	Action Taken
_____	_____
_____	_____
_____	_____
_____	_____