

Perry County Health Department

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PUBLIC HEALTH NUISANCE COMPLAINT FORM

TOWNSHIP: _____

NAME OF COMPLAINTANT: _____ PHONE: _____

COMPLAINTANT ADDRESS: _____

NAME OF OFFENDER: _____

ADDRESS OF
OFFENDER: _____

ACTUAL LOCATION OF NUISANCE: _____

COMPLAINT AND HOW IT AFFECTS YOU. PLEASE MAKE COMPLETE STATEMENT.
IF ADDITIONAL SPACE IS REQUIRED TO STATE COMPLAINT, PLEASE USE BACK
SIDE OR ATTACH ADDITIONAL SHEETS, AS NEEDED.

Signature Date

(For office use only) Sanitarian's Field Investigation Remarks:

Investigating Sanitarian Date Received Date Investigated