

*Perry County Health Department*

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New Lexington, Ohio 43764

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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.

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\_\_\_\_\_  
Signature Date

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

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\_\_\_\_\_

\_\_\_\_\_  
Investigating Sanitarian

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Investigated