

---

# NUISANCE COMPLAINT FORM

---

Location: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_ Address (if different): \_\_\_\_\_  
Phone: \_\_\_\_\_

---

**Statement of Complaint:** (Describe location, type of Nuisance, suspected Health violation, make a drawing or map on back)

---

---

---

---

---

---

---

---

---

---

Complainants Signature \_\_\_\_\_

\_\_\_\_\_

Date

Address \_\_\_\_\_

\_\_\_\_\_

Phone

---

\* \* \* \* OFFICE USE ONLY BELOW THIS LINE \* \* \* \*

Date: \_\_\_\_\_ Received by: \_\_\_\_\_

City, Twp. Vlg: \_\_\_\_\_

**Investigation Summary:** (Date each entry followed by observations; note if pictures taken)

Sewage [ ] Insects/Rodents [ ] Housing [ ] Solid Waste [ ] Other [ ]

\_\_\_\_\_



