

**CARROLL COUNTY HEALTH DEPARTMENT
301 MOODY AVE.
P.O. BOX 98
CARROLLTON, OH 44615
(330) 627-8022**

NUISANCE COMPLAINT FORM

IN ORDER TO INVESTIGATE A COMPLAINT, OUR DEPARTMENT NEEDS THE FOLLOWING INFORMATION. FILL OUT, (TO THE BEST OF YOUR KNOWLEDGE THIS FORM). SIGN, DATE, & MAIL IT BACK TO THE CARROLL COUNTY HEALTH DEPARTMENT. IF YOU WISH TO REMAIN ANONYMOUS, DON'T SIGN THE COMPLAINT. YOUR COMPLAINT WILL BE INVESTIGATED PROMPTLY AFTER RECEIVING THIS FORM.

RESIDENT'S NAME _____ **PHONE #** _____

ADDRESS OF COMPLAINT _____

_____ **TOWNSHIP:** _____

OWNER OF PROPERTY & MAILING ADDRESS: _____

_____ **PHONE#** _____

DIRECTIONS TO COMPLAINT SITE: _____

NATURE OF COMPLAINT: _____

COMPLAINANT'S NAME, ADDRESS, & PHONE# _____

DATE: _____

**BE SURE TO DATE THIS COMPLAINT
IF MORE SPACE IS NEEDED, USE BACK OF PAGE

