

## NUISANCE COMPLAINT INVESTIGATION REPORT

Address of Nuisance		Township		
Property Owner	Telephone Number (     ) -     -     -     -	Occupant		
Mailing Address		City	State	Zip

**Describe Nature of Complaint Below (include Diagram in box, if applicable)**

<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">↑</div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">N</div> Multiple empty rows for description	
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Complainant's Name			
Complainant's Address		City	State      Zip
Complainant's Home Telephone (     ) -     -     -     -		Complainant's Work Telephone (     ) -     -     -     -	
Complainant's Signature			

**\*\*\* HEALTH DEPARTMENT USE ONLY \*\*\***

1	Animal		(cockroach, fly, etc.) (specify program _____)  (includes trash, refuse, garbage, C&DD)  Specify _____	<b>RECORDS ON FILE?</b> <input type="checkbox"/> YES  <input type="checkbox"/> NO  <b>Other Nuisance on file?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE STAMP
2	Insect				
3	Mandated Program				
4	Mosquito				
5	Rodent				
6	Sewage				
7	Solid Waste				
8	Standing Water				
9	Tires				
10	Other				