

NUISANCE COMPLAINT FORM
FOR OFFICE USE ONLY

LOG # _____ DATE RECEIVED _____ SANITARIAN ASSIGNED _____

INSTRUCTIONS: PLEASE PROVIDE THE FOLLOWING INFORMATION:
FILL-IN-THE-BLANKS AS COMPLETELY AS POSSIBLE.

ADDRESS OF NUISANCE _____

OWNER OF NUISANCE PROPERTY _____
OWNER'S PHONE NUMBER _____

OCCUPANT OF NUISANCE ADDRESS _____
OCCUPANT'S PHONE NUMBER _____

DESCRIPTION OF NUISANCE CONDITIONS _____

NAME OF COMPLAINANT _____
COMPLAINANT'S PHONE NUMBER _____
COMPLAINANT'S ADDRESS _____

COMPLAINANT'S SIGNATURE _____