PUBLIC HEALTH NUISANCE REPORTING FORM

Please provide as much information as possible.

DATE: _____/_____/______ TIME: _______ AM/PM TOWNSHIP: __________

PROPERTY OWNER or BUSINESS NAME: _______________________________________

LOCATION OF NUISANCE: (please give address or detailed directions)

DESCRIPTION OF CONDITIONS: ____________________________________

PLEASE NOTE: Complaints may be made anonymously; however, it would help our investigation to be able to follow up with you should we have any additional questions.

COMPLAINANT INFORMATION:

NAME: ___________________________________________________________________

ADDRESS: ___________________________________________________________________

PHONE #: ___________________________________________________________________

Office Use Only

This form was filled out by ____________________________________________________

Date entered into HDIS __________ Entered into HDIS by ________________________

Date Investigated __________ Investigated by _________________________________

Results of Investigation ______________________________________________________

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