



MORROW COUNTY HEALTH DISTRICT
 619 West Marion Road
 Mount Gilead, Ohio 43338
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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 _____
