

Nuisance Complaint Form

(Under authority of Section 3707.01 of the Ohio Revised Code)

Printing: Use "File - Print". You may have to set your left margin to 0" (using "File - Page Setup" if the left side of the form is cut off when printed.

Return by mail to:
Fairfield Department of Health
1550 Sheridan Drive, Suite 100
Lancaster, Ohio 43130

Or Fax to:
(740) 653-8556

Township _____

Complainant _____ Phone _____

Address _____
Street City State Zip

Offender _____ Phone _____

Address _____
Street City State Zip

Address and directions to nuisance:

Nature of complaint (use back if more space is needed):

Date

Signature (required)

For Office Use Only

Date Received _____

Date to sanitarian _____

Referral to other Agency (check) _____

Agency _____

Contact _____

Date _____