Nuisance Complaint Form

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 ___________________________

FDH 10/10