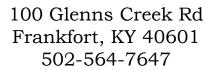


## Franklin County Health Department Nuisance Complaint Form





| Date of the event:                  | _   |
|-------------------------------------|---|
| Description of public health nuise  | ance:   |
|                                     |   |
| Location or address of the public   | health nuisance:  |
| Owner/Occupant of property:         |   |
| Name of Person Reporting Comp       | plaint:   |
| Address (Street, City, State, Zip): |   |
| Phone: E                            | Email:  |
| ·                                   | as to its validity as a justifiable mandated public health u are testifying that all information provided above is correct. |
| Signature                           | <br>Date  |
|                                     | ction Taken by Environmentalist:  |
| Environmentalist's Signature        | <br>Date  |
| I have reviewed this complaint a    | nd verified that it was resolved properly.  |
| Environmental Supervisor's Signa    | ture Date   |