

**PICKAWAY COUNTY HEALTH DEPARTMENT  
P.O. BOX 613, 110 ISLAND RD., SUITE C, CIRCLEVILLE, OH. 43113  
(740) 477-9667 ext. 225**

**NUISANCE COMPLAINT REPORT**

**Owner or Occupant causing nuisance:** \_\_\_\_\_

**Address:(Be specific):** \_\_\_\_\_ **City:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Directions to location of nuisance:** \_\_\_\_\_

\_\_\_\_\_  
**Explanation of nuisance:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**By signing this complaint, I am fully aware that I may be required to testify in court if the complaint is valid and cannot be abated by other means. The Pickaway County Board of Health requires a signed complaint before a nuisance will be investigated.**

**Complainant (person filing complaint):** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_