

Environmental Health Division - Telephone (740) 596-0473 - Fax (740) 596-5837 31927 State Route 93, McArthur, Ohio 45651

THE SANITARIAN MUST HAVE COMPLETE AND ACCURATE INFORMATION TO PERFORM A THOROUGH AND TIMELY INVESTIGATION. PLEASE COMPLETE ALL BLANKS AND SIGN COMPLETED FORM.

| HDIS ID# | | | | |
|--|-------------------------------------|-------------------|------------------------------------|--|
| COMPLAINANT INFORMATION | | | | |
| The complainant is the person reporting the n | uisance and requesting an investiga | tion be made. | | |
| NAME | PI | PHONE # | | |
| HOME ADDRESS | CITY | STATE | ZIP | |
| MAILING ADDRESS IF DIFFERENT THA | N ABOVE | | - | |
| COMPLAINT INFORMATION | | | | |
| NAME | PI | PHONE # | | |
| HOME ADDRESS | CITY | STATE | ZIP | |
| MAILING ADDRESS IF DIFFERENT THA | N ABOVE | | _ | |
| NUISANCE INFORMATION | | | | |
| Address/Location: Please provide street na location. | | | to the nuisance | |
| The Vinton County Health Department has ju exist. | risdiction over the following types | of nuisance cond | ditions: Please check type(s) that | |
| Insects | _Rodents | | | |
| Garbage & Refuse | Sewage | Other | | |
| For each blank checked, please write a brief d | lescription of nuisance and how lon | g it has been a p | roblem. | |
| | | | | |
| | | | | |
| | | | | |
| NAME: | I | DATE: | | |

THE HEALTH DEPARTMENT DOES NOT RELEASE NUISANCE COMPLAINT INFORMATION INCLUDING THE COMPLAINANT'S NAME DURING COURSE OF AN INVESTIGATION. HOWEVER, ONCE THE NUISANCE HAS BEEN ABATED, THIS DOCUMENT BECOMES PUBLIC RECORD AND CAN BE RELEASED UPON REQUEST.