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*“Working towards a healthy and safe Putnam County”*

## NUISANCE COMPLAINT

DATE: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_

COMPLAINT AGAINST: \_\_\_\_\_

LOCATION OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

NATURE OF COMPLAINT: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

COMPLAINANT'S NAME (PLEASE PRINT): \_\_\_\_\_

COMPLAINANT'S ADDRESS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

*All information listed on this form is considered public record including identifying information.*



### OFFICE NOTES

SANITARIAN: \_\_\_\_\_

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

ABATEMENT FOLLOW-UP DATE: \_\_\_\_\_