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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): _____

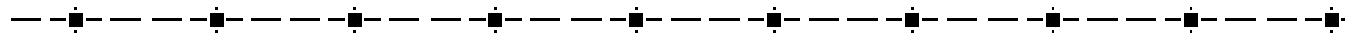
COMPLAINANT’S ADDRESS _____

PHONE NUMBER: _____

SIGNATURE _____

***Signature required.**

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



OFFICE NOTES

SANITARIAN: _____

ABATEMENT FOLLOW-UP DATE: _____