

**Washington County Health Department
342 Muskingum Drive, Marietta, OH 45750
Nuisance Complaint Form**

Name of Offender: _____ Phone: _____

Address: _____ City: _____

Directions to Location of Nuisance: _____

Nature 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 corrected by any other means. The Washington County Health Department requires a signed complaint before a nuisance will be investigated.

(Print) Complainant: _____ Phone: _____

Address: _____ City: _____

Signature: _____ Date: _____

FOR OFFICE AND DEPARTMENTAL USE ONLY

Inspector: _____ Date: _____

Conditions found: _____

Comments: _____

Re-inspection date: _____ Abated: [] Yes [] No

Re-inspection date: _____ Abated: [] Yes [] No