



**Public Health**  
Prevent. Promote. Protect.

Fairfield Department of Health  
Environmental Division

# Nuisance Complaint Form

(Under authority of Section 3707.01 of the Ohio Revised Code)

**Printing:** Use "File - Print". You may have to set your left margin to 0" (using "File - Page Setup" if the left side of the form is cut off when printed.

Return by mail to:  
Fairfield Department of Health  
1550 Sheridan Drive, Suite 100  
Lancaster, Ohio 43130

Or Fax to:  
(740) 653-8556

Township \_\_\_\_\_

Complainant \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Offender \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Address and directions to nuisance:

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

Nature of complaint (use back if more space is needed):

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature (required)

For Office Use Only

Date Received \_\_\_\_\_

Date to sanitarian \_\_\_\_\_

Referral to other Agency (check) \_\_\_\_\_

Agency \_\_\_\_\_

Contact \_\_\_\_\_

Date \_\_\_\_\_