

Noble County Health Department
44069 Marietta Road
Caldwell, Ohio 43724
(740) 732-4958

NUISANCE INVESTIGATION REPORT

Date _____

Name of Person Making Complaint _____

Address _____

Zip Code _____ Telephone # - _____

Name of Offender _____

Address _____

Zip Code _____ Telephone # - _____

Location of Nuisance _____

Nature of Nuisance _____

I agree to serve as a witness for the health department and/or the county prosecuting attorney during any and all action which may occur as a result of correcting the public health nuisance which I have described above.

Signature

INVESTIGATIVE REPORT:

Date Received: _____ Date of Investigation _____

Observations: _____

Disposition: _____

Investigator: _____ Date: _____