



# NOBLE COUNTY

## HEALTH DEPARTMENT

44069 Marietta Road Cadwell, OH 43724 ~ Phone: 740-732-4958 ~ Fax: 740-732-4958 ~ Toll Free: 888-70-NOBLE ~ www.noblecohd.org

### 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: \_\_\_\_\_