MEDINA COUNTY HEALTH DEPARTMENT 4800 Ledgewood Drive, Medina, Ohio 44256 Medina (330)723-9523 • TOLL FREE (888) 723-9688 FAX (330)723-9650

NUISANCE COMPLAINT INVESTIGATION REPORT

Addre	ess of Nuisance			Township		
Prope	erty Owner	Telephone Number		Occupant		
	,	() -				
Mailir	ng Address			City	State	Zip
De	scribe Nature of	Complaint Below (inc	clude D	iagram in	hox if a	applicable)
	ooribo Hataro or	Complaint Bolow (inc		hagrain ii 个	, DOX, 11 C	арриоавіо,
				N		
Comp	olainant's Name					
Comr	plainant's Address			City		State Zip
Comp	Diamant's Address			City		State Zip
Comp	olainant's Home Telephone			Complainant's W	ork Telephone	
() -			()	-	
Comp	plainant's Signature		1			
		*** !!	STACK	T LICE OA	// \/ ***	
	_	*** HEALTH DEPAR	KIMEN	1 USE 0/	VLY """	
1	Animal					
2	Insect	(cockroach, fly, etc.)	25005	DO ON EU EO		
	Mandated		□ YES	DS ON FILE?		
3	Program	(specify program)				
4	Mosquito		□NO	□NO		
5	Rodent			Other Nuisance on file?		
6	Sewage	(included the later to the late		□YES		
7	Solid Waste	(includes trash, refuse, garbage, Cⅅ)	□NO			
8	Standing Water				, 	
9	Tires				L	DATE STAMP
10	Other	Specify	_			

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