Putnam County Health Department

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NUISANCE COMPLAINT

DATE:_____

TOWNSHIP:_____

COMPLAINT AGAINST:_____

LOCATION OF COMPLAINT:

_____

_____

NATURE OF COMPLAINT:

_____

_____

_____

_____

_____

COMPLAINANT'S NAME (PLEASE PRINT):_____

SIGNATURE_____

PHONE NUMBER:_____

OFFICE NOTES

SANITARIAN:_____

_____

_____

_____

_____

_____

_____

_____

ABATEMENT FOLLOW-UP:_____

Protecting and Promoting the Public's Health