

LAWRENCE COUNTY HEALTH DEPARTMENT

2122 South 8th Street Ironton, Ohio 45638 TELEPHONE: 740-532-3962 FAX NUMBER: 740-532-1014

Public Health Nuisance Complaint Form

All complaints regarding environmental and sanitation problems in Lawrence County must be made in person at the health department on this form and signed by the person or persons complaining.

The complaint is to be described completely with the name and address of the offender(s) and the directions to the offending property from the Ironton office.

Failure to complete the nuisance complaint form or failure to sign the form will result in no investigation made.

If information such as offender(s) correct name or address is not known, it should be stated: name not known, address not known.

We cannot ensure confidentiality regarding the complaint, since all complaints are matter of public record. If no one requests the complainants name it will not be given, unless approved by the Health Commissioner.

All complaints should be investigated within 10 working days from the date it was filed. If the condition described is an emergency situation (life threatening or very dangerous), indicate this on the form.

A septic tank that is open and abandoned, sewage overflow threatening water well, or a toxic chemical spill are examples of life threatening or hazardous conditions.

Date: / / Name of Complainant:		
Phone Number: <u>()</u>	Email Address:	
Complainant Address:		
Type of Complaint:	Garbage and/or Trash Housing	
☐ Insects ☐ Rodents ☐ Sewage	Other	

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Responsible Parties	
Property Owner(s):	
PO's Address:	
Complaint Address:	
Phone Number (if known): <u>(</u>)	
Explanation of Complaint:	
Directions to Location of Complaint:	
Additional Information:	
Possible Solution to Complaint:	
Signature:	Date:

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Please use the area below to provide a drawing of the site, if needed, in order to further identify the location of the complaint.



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FOR OFFICE USE ONLY

Investigation

Research and Observations (attach additional sheets as necessary): ______

Results: _____

Sanitarian/Nuisance Officer Name:	
Sanitarian/Nuisance Officer Signature: _	
Date Nuisance Complaint Closed:/	<u> </u>