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REPORT OF A PUBLIC HEALTH NUISANCE

INSTRUCTIONS: Please fill out this form with complete, legible and accurate information.

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------|-------|-----------------------|--|
| Person completing this form | | Today's Date | | Daytime phone # | |
| Person or party making this complaint | | | | Daytime phone # | |
| Street Address | | City | State | Zip code | |
| Please describe the problem/nuisance conditions | | | | | |
| On what date did you first notice this problem? | | | | | |
| Have you contacted other agencies, the offending party or others involved regarding this complaint? If yes list them here. | | | | | |
| Person or party that is causing the problem | | | | Daytime phone # | |
| Street Address | | City | State | Zip code | |
| Property where the problem/nuisance exists | | | | Daytime phone # | |
| Street Address | | City | State | Zip code | |
| I understand that the Henry County Health Department cannot guarantee the confidentiality of any information provided on this report. Information contained in nuisance complaints are public record and will be made available to anyone who presents the Henry County Health Department with a valid request. | | | | | |
| | | | | (Office use only) ID# | |

To Inspire Better Choices for Health