



P.O. Box 309 • 7360 State Route 45 • Lisbon, Ohio 44432 • (330) 424-0272  
FAX (330) 424-1733

## NUISANCE COMPLAINT

Name of Complainant \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_, OH Zip Code \_\_\_\_\_  
Township \_\_\_\_\_

Name of Offender \_\_\_\_\_ Date \_\_\_\_\_  
Mailing Address of Offender \_\_\_\_\_  
City \_\_\_\_\_, OH Zip Code \_\_\_\_\_  
Township \_\_\_\_\_ Phone \_\_\_\_\_

LOCATION OF NUISANCE \_\_\_\_\_ TOWNSHIP \_\_\_\_\_

NATURE OF NUISANCE (please type a brief description of the nuisance below):

Signature of Complainant \_\_\_\_\_

The Columbiana County Health Department is anxious to assist in the prevention and eradication of nuisances that may be harmful to the public health. **However, nuisances must be determined to be a public hazard before abatement proceedings will be initiated.** Cases involving civil matters between individuals and not directly affecting the public health are advised to proceed through private litigation.

Date Inspected \_\_\_\_\_ Investigator \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date Completed or Abated \_\_\_\_\_ Investigator \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_