



# Columbiana County Health District

P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432  
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## Nuisance Complaint Form

**\* This is a public document and can be viewed upon request\***

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.

*Please complete the following form in its entirety. Providing accurate information will help expedite the investigation and correction of the nuisance.*

PROPERTY INFORMATION

Address of Nuisance: \_\_\_\_\_ Township: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner's Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Nuisance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

For additional space, please use the back of this page.

COMPLAINANT INFORMATION

Person submitting complaint: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone and/or Email: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

Date Received: \_\_\_\_\_ Sanitarian: \_\_\_\_\_  Justified  Not Justified

Preliminary Letter, Date: \_\_\_\_\_  Sanitarian Order, Date: \_\_\_\_\_

Health Commissioners Hearing, Date: \_\_\_\_\_  Board Order, Date: \_\_\_\_\_

Forward to Prosecutor, Date: \_\_\_\_\_  Court, Date: \_\_\_\_\_

Abated, Date: \_\_\_\_\_  Referred, Date: \_\_\_\_\_

Our Vision: "A safe community of healthy people"