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.

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.

Person submitting complaint: __________________________________________
Address: ____________________________ City: __________ Zip: __________
Phone and/or Email: __________________________________________
Signature: ____________________________ Date: __________

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”

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