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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: _____