

Public Health Nuisance Complaint Form

Address of Nuisance: _____
(**Must** include exact street address to be able to find and investigate.)

Nature of Nuisance (describe the conditions, including relevant details): _____

How long has this problem existed? _____

Owner: _____ Phone: _____

Address of Owner: _____

Occupant (if different from above): _____ Phone: _____

Have you discussed the problem with the owner? Yes No With Renter? Yes No

What was the outcome? _____

If a rental situation, was the owner or management notified of the problem? Yes No

Was notification in writing? Yes No When? _____

What was the outcome? _____

Are you in the process of being evicted? Yes No

Have you filed this complaint with any other agencies? Yes No

If so, with whom? _____

Please be advised that all complaints are a matter of public record and we cannot withhold the name of any complainant. You may be asked to provide a deposition on the above facts if it becomes necessary to obtain an administrative search warrant.

Your Name (Print): _____

Your Address: _____

City, State, Zip: _____ Phone #: _____

Your Signature: _____ Date: _____

Please complete form and submit to Galion City Health Department:
In person or via U.S. mail to 113 Harding Way East, Galion, Ohio, 44833;
Fax to 419.468.8618; OR
E-mail to andrea.barnes@galionhealth.org