

**BOARD OF HEALTH**  
**BELMONT COUNTY GENERAL HEALTH DISTRICT**

68501 Bannock Road ÉSt. Clairsville, Ohio 43950 ÉPhone (740) 695-1202 ÉFax (740) 695-8890  
www.BelmontCountyHealth.com

**NUISANCE COMPLAINT**

Name of Complainant \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Zip \_\_\_\_\_

Name of Offender \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Zip \_\_\_\_\_

Location of Nuisance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Nature of Nuisance \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I, the undersigned complainant, hereby agree that if it should become necessary for me to testify or depose in any legal action of proceeding to the above facts, I will so testify or depose.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

**Investigation Report**

Conditions Found \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recommendations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Investigator

\_\_\_\_\_  
Date