

**NUISANCE COMPLAINT**

(MARIETTA CITY HEALTH DEPT.)

304 Putnam St.  
Marietta, OH 45750

NAME OF COMPLAINANT: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

NAME OF OFFENDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LOCATION: \_\_\_\_\_

\_\_\_\_\_

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 or proceeding to the above facts I will so testify or depose.

DATE: \_\_\_\_\_

COMPLAINANT'S SIGNATURE \_\_\_\_\_

**INVESTIGATION REPORT**

CONDITIONS FOUND: \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATIONS: \_\_\_\_\_

\_\_\_\_\_

DATE \_\_\_\_\_

INVESTIGATOR \_\_\_\_\_