



# Nuisance Complaint Form

Williams County Health Department  
Environmental Division  
310 Lincoln Avenue, P.O. Box 146  
Montpelier, OH 43543

Please complete all the information requested below. Without your name, address and phone number, our staff will not be able to contact you if we have questions about this complaint or cannot find the location. This would result in not being able to investigate the complaint. Please submit a photograph of the problem if you can.

Return this form to the address above.

Location of Complaint: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone: \_\_\_\_\_

Property Owner Address (if different than location of complaint): \_\_\_\_\_

Describe your complaint (in detail):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Office Use Only:**

Complaint Number: \_\_\_\_\_ Date Complaint Received: \_\_\_\_\_

Type of Complaint: (Mark Most Applicable)

- |  |                                |                                      |
|--|--------------------------------|--------------------------------------|
| <input type="checkbox"/> Solid Waste/Trash & Garbage | <input type="checkbox"/> Water | <input type="checkbox"/> Sewage      |
| <input type="checkbox"/> Vector/Rodents/Insects      | <input type="checkbox"/> Food  | <input type="checkbox"/> Other _____ |