

Complaint No. _____

Date: _____

NUISANCE COMPLAINT FORM

Location/Address of Nuisance _____

Township/City _____ Sec. No. _____

PERSON(S) RESPONSIBLE FOR NUISANCE:

Name: _____ Address: _____

Phone Number: () _____

SPECIFIC COMPLAINT:

Complainant's Name: _____

Address: _____

Phone No. () _____

Complainant's Signature: _____

PLEASE RETURN TO:

**Environmental Health Division
Shiawassee County Health Department
201 N. Shiawassee Street
Corunna, Michigan 48817
Fax: (989) 743-2413**

(Your name is kept confidential, but requested information is necessary for investigation legalities.)