STARK COUNTY BOARD OF HEALTH
NUISANCE INVESTIGATION

LOCATION: _____ MUNICIPALITY: _____

DESCRIPTION OF THE NUISANCE: _____

_____

_____

_____

OWNER OF THE PROPERTY OR LOCATION: _____ PHONE: _____

ADDRESS OF OWNER: _____

REFERRED BY: _____ SIGNATURE: _____

ADDRESS OF THE COMPLAINTANT: _____ PHONE: _____

---------- < DO NOT WRITE BELOW THIS LINE > ----------

DATE RECEIVED: _____ SANITARIAN: _____ NUISANCE CODE: _____

MUNICIPAL CODE: _____ SANITARIAN CODE: _____ SANITARIAN SIGNATURE: _____

Justified ❑	Referred ❑ To: _____	Board Order ❑	Date: _____
Not Justified ❑	Official Notice ❑ #: _____	Prosecutor Sent Letter ❑	Date: _____
Undetermined ❑	Set for Hearing ❑ Date: _____	Court Date:	
		Corrected ❑	Date: _____

INSPECTION DATE	REINSPECTION DATE	OBSERVATION, CONDITIONS, ACTIONS, RECOMMENDATIONS, ETC.

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