

**MEDINA COUNTY HEALTH DEPARTMENT**  
**4800 Ledgewood Drive, Medina, Ohio 44256**  
**Medina (330)723-9523 • TOLL FREE (888) 723-9688**  
**FAX (330)723-9650**

**NUISANCE COMPLAINT INVESTIGATION REPORT**

Address of Nuisance		Township	
Property Owner	Telephone Number (     )     -	Occupant	
Mailing Address	City	State	Zip

**Describe Nature of Complaint Below (include Diagram in box, if applicable)**

	↑ <b>N</b>

Complainant's Name			
Complainant's Address	City	State	Zip
Complainant's Home Telephone (     )     -	Complainant's Work Telephone (     )     -		
Complainant's Signature			

**\*\*\* HEALTH DEPARTMENT USE ONLY \*\*\***

<input checked="" type="checkbox"/>			
<b>1</b>	<b>Animal</b>		<div style="border: 2px solid black; padding: 5px; width: fit-content; margin: auto;"> <b>RECORDS ON FILE?</b>  <input type="checkbox"/> YES   <input type="checkbox"/> NO   <b>Other Nuisance on file?</b>  <input type="checkbox"/> YES  <input type="checkbox"/> NO         </div>  <div style="font-size: 1.2em; font-weight: bold; text-align: center;">DATE STAMP</div>
<b>2</b>	<b>Insect</b>	(cockroach, fly, etc.)	
<b>3</b>	<b>Mandated Program</b>	(specify program _____)	
<b>4</b>	<b>Mosquito</b>		
<b>5</b>	<b>Rodent</b>		
<b>6</b>	<b>Sewage</b>		
<b>7</b>	<b>Solid Waste</b>	(includes trash, refuse, garbage, C&DD)	
<b>8</b>	<b>Standing Water</b>		
<b>9</b>	<b>Tires</b>		
<b>10</b>	<b>Other</b>	Specify _____	