



Kenton-Hardin County Health Department 175 W. Franklin St., Suite 120 Kenton OH 43326
Office: 419-673-6230 Fax: 419-673-8761

Complaint # _____

Date _____

TYPE OF NUISANCE:

Sewage: _____ Water: _____ Food: _____ Trash/Garbage: _____ Rodent/Insect: _____ Other: _____

LOCATION OF PROPERTY:

Address: _____ City: _____ Zip Code: _____

Property Owner: _____

Owner lives at this address? _____ Rents Property? _____

Owner's Address (If different than above) _____

Renter Name _____

DESCRIPTION OF CONDITIONS:

As Complainant, I hereby declare that I am willing to appear in court as a witness if requested by the
Kenton-Hardin Department of Health to establish the validity of this complaint.

Complaint Filed: _____ In Person: _____ By Form/Letter: _____ Phone #: _____

Complainant Name: _____

Complainant Address: _____

Complainant Signature: _____

Inspection Date: _____	By: _____	Orders Sent: _____	Abate by: _____
1 st Reinspection: _____	By: _____	Orders Sent: _____	Abate by: _____
2 nd Reinspection: _____	By: _____	Orders Sent: _____	Abate by: _____ 3 rd Reinspection:
_____	By: _____	Orders Sent: _____	Abate by: _____ Other Action:

No Nuisance Found: _____ By: _____

Abated Date: _____