

**JACKSON COUNTY HEALTH DEPARTMENT
200 EAST MAIN STREET
JACKSON, OH 45640
740-286-5094**

ENVIRONMENTAL HEALTH PUBLIC NUISANCE

COMPLAINANT NAME: _____

Address: _____

Daytime Telephone Number: _____

OFFENDER NAME: _____

Address: _____

Telephone Number: _____

DIRECTIONS TO PROPERTY: _____

If property is a rental, give the owner's name and address: _____

The Jackson County Health Department has jurisdiction over the following types of nuisance conditions:

_____ Housing	_____ Sewage
_____ Garbage	_____ Rodents
_____ Animal Feces	_____ Insects
_____ Other	

Explanation of the Conditions: _____

Complainant's Signature: _____ **Date** _____