



Nuisance Complaint Form

Counties of

ANTRIM
 Branch Office
 209 Portage Drive
 Bellaire, MI 49615
 Phone: (231) 533-8670
 Fax: (231) 533-8450

CHARLEVOIX
 Administrative & Branch Office
 220 W. Garfield
 Charlevoix, MI 49720
 Phone: (231) 547-6523
 Fax: (231) 547-6238

EMMET
 Branch Office
 3434 Harbor-Petoskey Rd., Suite A
 Harbor Springs, MI 49740
 Phone: (231) 347-6014
 Fax: (231) 347-2861

OTSEGO
 Branch Office
 95 Livingston Blvd.
 Gaylord, MI 49735
 Phone: (989) 732-1794
 Fax: (989) 732-3285

COMPUTER ID#: _____

TYPE OF COMPLAINT: <input type="checkbox"/> Sewage <input type="checkbox"/> Food Related <input type="checkbox"/> Garbage <input type="checkbox"/> Other _____	
DESCRIPTION:	
PROPERTY OWNER:	Property Owner Name/Facility Name: _____
	Street Address: _____
	City: _____ State: _____ Zip: _____
	County: _____ Township: _____
LOCATION OF COMPLAINT:	Resident Name: _____
	Street Address: _____
	City: _____ State: _____ Zip: _____
	County: _____ Township: _____
THE FOLLOWING INFORMATION IS <u>REQUIRED</u> TO PROCESS THIS REQUEST AND WILL BE KEPT CONFIDENTIAL TO THE EXTENT AS PERMITTED BY LAW.	
REPORTED BY:	Name: _____
	Street Address: _____
	City: _____ State: _____ Zip: _____
	Daytime Phone Number: _____
DATE REPORTED: _____	SIGNATURE: _____
FOR HEALTH DEPARTMENT USE ONLY:	
DATE INSPECTED: _____	
DATE COMPLIANCE REQUIRED: _____	ACTION NECESSARY: <input type="checkbox"/> YES <input type="checkbox"/> NO
	DATE FILE CLOSED: _____
DESCRIPTION:	PERMIT # ISSUED, IF APPLICABLE: _____
SIGNATURE OF SANITARIAN: _____	