Wyandot County Health Department
Nuisance Investigation Report

Name of complainant: _____ Date: _____

Address: _____ Telephone: _____

Name of Offender: _____ Telephone: _____

Address: _____

Location and Nature of Nuisance: _____ _____

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_____ _____

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SIGNATURE OF COMPLAINANT: _____

Investigation and Remarks: _____

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Investigator: _____ Date: _____

Conditions Found on Re-Inspection: _____ _____

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Investigator: _____ Date: _____

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