



# CRAWFORD COUNTY PUBLIC HEALTH

PREVENT • PROMOTE • PROTECT

## NUISANCE COMPLAINT FORM

(MUST INCLUDE EXACT ADDRESS TO BE ABLE TO FIND AND INVESTIGATE.)

|   |             |                       |       |
|---|-------------|-----------------------|-------|
| Nuisance Address  |             | Township/Village City |       |
| Owner   | Owner Phone |                       |       |
| Owner Address   |             |                       |       |
| Name of Occupant [If different than owner]  |             |                       | Phone |
| How Long has Problem Existed  |             |                       |       |
| Problem Discussed with Owner  |             | YES                   | NO    |
| If Rental Property, when was Owner/Management Notified  |             |                       |       |
| Are You in the Process of Being Evicted   |             | YES                   | NO    |
| Have You Filed Complaint with any Other Agencies  |             | YES                   | NO    |
| Which Agencies  |             |                       |       |
| Describe Nuisance Conditions  |             |                       |       |
| <p><i>Please be advised that all complaints are a matter of public record and we cannot withhold the name of any complainant. You may be asked to provide a deposition on the above facts if it becomes necessary to obtain an administrative search warrant.</i></p> <p><i>Knowingly providing false information to a government agency is a crime and may punishable by imprisonment, fine or both.</i></p> |             |                       |       |
| <p><b>YOU MUST SIGN AND PROVIDE THE INFORMATION LISTED BELOW IN ORDER FOR OUR DEPARTMENT TO CONSIDER THIS A VALID NUISANCE COMPLAINT AND CONDUCT AN OFFICIAL INVESTIGATION</b></p>  |             |                       |       |
| Your Name [Please Print]  |             | Signature             |       |
| Address   |             |                       |       |
| City  | Zip Code    | Phone                 |       |