



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

TAX ID#: _____ Date Received _____ Date Entered _____

TYPE OF COMPLAINT: Sewage Food Related Garbage 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 REQUIRED 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:** YES NO

DATE FILE CLOSED: _____

DESCRIPTION: _____ **PERMIT # ISSUED, IF APPLICABLE:** _____

SIGNATURE OF SANITARIAN: _____