

LAGRANGE COUNTY HEALTH DEPARTMENT



304 N. Townline Rd. Suite 1
LaGrange IN 46761-1319
Phone (260) 499-4182 ext 222 & 223
Fax (260) 499-4189
agarcia@lagrangecounty.org
cchivers@lagrangecounty.org

NUISANCE COMPLAINT FORM

DATE: _____

TOWNSHIP: _____ SECTION _____ PARCEL I.D # _____

COMPLAINANT NAME: _____

MAILING ADDRESS: _____ TELEPHONE #: _____

NATURE OF COMPLAINT: _____

LOCATION OF COMPLAINT: _____

OWNER/RENTER'S NAME & ADDRESS: _____

RECEIVED BY () PHONE () LETTER/E-MAIL () IN PERSON () REFERRAL

REPORT OF INVESTIGATION

DATE: _____

CONDITION FOUND: _____

*** IS CONDITION FOUND A PUBLIC HEALTH NUISANCE? () YES () NO

*** ACTION TAKEN () YES () NO () PENDING

NAME & ADDRESS OF PERSON INVOLVED: _____

CORRECTIVE ACTION TAKEN:

() LETTER-DATE SENT _____

() VERBAL ORDER-DATE _____

SIGNED: _____ HEALTH INSPECTOR'S NAME _____

*** FOLLOW UP INSPECTION NEEDED: () YES () NO

OTHERS COMMENTS: _____
