STARK COUNTY BOARD OF HEALTH
NUISANCE INVESTIGATION

THIS IS A PUBLIC DOCUMENT AND
MAY BE VIEWED IN THE PUBLIC DOMAIN*

LOCATION: _____MUNICIPALITY:_____

DESCRIPTION OF THE NUISANCE:_____

_____

_____

_____

OWNER OF THE PROPERTY OR LOCATION:_____PHONE:_____-_____

ADDRESS OF OWNER:_____

COMPLAINANT:_____SIGNATURE:_____

ADDRESS OF COMPLAINANT:_____PHONE:_____-_____

_____-<DO NOT WRITE BELOW THIS LINE>_____

DATE RECEIVED:_____SANITARIAN:_____NUISANCE CODE:_____

MUNICIPAL CODE:_____SANITARIAN CODE:_____SANITARIAN SIGNATURE:_____

ID # _____	**Initial Inspection** **Date:**_____	☐ **Corrected** **Date:**_____
☐ Justified	☐ Sanitarian Order (SO), Date:_____	S.O. Re-inspection Date(s): _____
☐ Not Justified	☐ Public Health Order (PHO), Date: _____	P.H.O. Re-inspection Date(s): _____
☐ Referred To:_____	☐ Complaint Package Filed, Date: _____	Court Date(s): _____

INSPECTION DATE	SANITARIAN INITIALS	OBSERVATIONS, CONDITIONS, ACTIONS, RECOMMENDATIONS, ETC.

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