

Athens City-County Health Department

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James R. Gaskell, M.D., Health Commissioner

REPORT OF A PUBLIC HEALTH NUISANCE

OFFENDER: _____

ADDRESS: _____

PROPERTY OWNER (IF DIFFERENT FROM ABOVE): _____

DESCRIPTION OF PUBLIC HEALTH NUISANCE: _____

LOCATION AND/OR DIRECTION OF NUISANCE: _____

DATE: _____

COMPLAINANT'S SIGNATURE (REQUIRED): _____

PRINT NAME: _____ PHONE: _____

ADDRESS: _____

