



Jackson County Health Department

Environmental Health Division

1715 Lansing Ave • Room 001 • Jackson, MI 49202

Phone (517) 788-4433 • Fax (517) 788-4616

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REQUEST FOR INVESTIGATION OF NUISANCE COMPLAINT

Person(s) & Location of the Nuisance:

Name	Phone Number
Address	City/Township

THE SPECIFIC COMPLAINT: *(if additional space is needed please use back of sheet.)*

Your Information: *

Name	Phone Number
Address	City/Township

*Your name will not be used for the investigation. However, it is a matter of public record.

Complainant's Signature: _____

For Office Use Only:
Initial Inspection Date: _____

Comments: _____

Date Closed: _____ By: _____

Received By: _____