

**JASPER COUNTY HEALTH DEPARTMENT**

105 Lincoln  
Carthage, MO 64836

—  
Telephone (417) 358-0481  
Fax (417) 358-0494

**NUISANCE  
COMPLAINT FORM**

Complainant (person making complaint): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Complaint Made Against (name): \_\_\_\_\_

Address: \_\_\_\_\_

City / State / Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Directions to Property (if needed): \_\_\_\_\_

Complaint: \_\_\_\_\_

(If complaint made in person or through the mail.)

Complainant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complaint Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Jasper County Health Department