



St. Lawrence County Public Health Department
80 State Highway 310, Suite 2 • Canton, New York 13617-1476
Phone: (315) 386-2325 • Fax: (315) 386-2203

NUISANCE COMPLAINT FORM
(Notarization Required)

Complainant Contact Information

Name: _____

Mailing Address: _____

Phone: _____

Email Address: _____

Date filed: _____

Associated Entity/Location Of Nuisance

Name: _____

Physical Address: _____

Phone: _____

Nature of Complaint:

I _____ affirm this _____ day of _____, 20____, under penalties of perjury, under the laws of New York, which may include a fine or imprisonment, that the foregoing is true to the best of my knowledge, and I understand that this document may be filed in an action of proceeding in a court of law."

Signature _____ Date _____

Notary _____ Date _____