



**Public Health**  
Prevent. Promote. Protect.  
ESTABLISHED 1986

## 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:

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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 \_\_\_\_\_