



MARION PUBLIC HEALTH

Making Marion a healthier place to live, work, and play

181 S. Main Street
Marion, Ohio 43302

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F: (740) 383-2546

WIC- P: (740) 383-5533 F: (740) 383-5206

W: marionpublichealth.org
E: mphadministration@marionpublichealth.org

WEED/GRASS COMPLAINT FORM

Signature of Person Filing
Complaint (Complainant): _____

Date of
Complaint: _____

Complainant's Address: _____

Location/Address of property for
which complaint is being filed: _____

Additional Information

- For Health Department Use Only -

Lot Number	Parcel Number	Lot Number	Parcel Number
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Owner/Person Responsible for Property: _____

Address: _____

Inspection Date: ___/___/___ Inspector: _____ Valid: Yes ___ No ___

Remarks: _____

Date Notice Mailed: ___/___/___ Date Notice Posted: ___/___/___ Order Expires: ___/___/___

Date of Reinspection: ___/___/___ Inspector: _____

Findings: Weeds Removed/Grass Mowed _____ Weeds Not Removed/Grass Not Mowed* _____

*Turned over to: _____

Remarks: _____

Date of Reinspection: ___/___/___ Inspector: _____

Satisfactory _____ Not Satisfactory _____

Remarks: _____
