



**BUFFALO TRACE DISTRICT HEALTH DEPARTMENT**  
**MASON AND ROBERTSON COUNTIES**  
**P.O. BOX 70, 130 EAST SECOND STREET, MAYSVILLE, KY**  
**606 564 9447**

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## Complaint of Nuisance

Owner of Property (if known): \_\_\_\_\_

Location of Property (address): \_\_\_\_\_  
(Required)

Brief Description of Nuisance:

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Complaint's Information (Optional)

Name: \_\_\_\_\_

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

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

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*Health Department Use Only*

Action Taken:

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Date: \_\_\_\_\_

Signed: \_\_\_\_\_  
Environmentalist

*Your helping hands, for a healthier community.*