

**WARRICK COUNTY, INDIANA**  
**PUBLIC NUISANCE VIOLATION REPORT FORM**

**I. Personal Information of Person Filling out Report\***

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**II. Location of the Nuisance**

Street Address of the Nuisance  
\_\_\_\_\_

Intersecting Street (if applicable)  
\_\_\_\_\_

Describe the Location of the Nuisance in Detail  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**III. Description of the Nuisance**

Type of Nuisance (check all that apply):

- Garbage, Refuse, Rubbish, and/or Yard Waste
- Scrap Metal and/or other Materials
- Dismantled Household Appliances
- Abandoned or Inoperable Vehicles
- Weeds and Rank Vegetation
- Hazardous Materials and/or Wastes
- Other

Refer to Chapter 157 of the Warrick County, IN Code of Ordinances for more information regarding the types of Public Nuisances. (You may view Chapter 157 of the Warrick County Code of Ordinances at [http://www.amlegal.com/codes/client/warrick-county\\_in/](http://www.amlegal.com/codes/client/warrick-county_in/))

Description of Nuisance:

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**IV. Attach any photos of the alleged nuisance (optional)**

Please scan and email completed report form to [info@warrickcounty.gov](mailto:info@warrickcounty.gov), or mail completed Report Form to:

County Administrator  
107 W. Locust Street, Suite 301  
Boonville, IN 47601  
Phone: (812) 897-6120  
Fax: (812) 897-6189

*It is the policy of the Board of Commissioners of Warrick County, Indiana, not to disclose personal, identifying information of Warrick County residents who file a Public Nuisance Violation Report Form. However, please note that all information included in this Public Nuisance Violation Report Form is subject to disclosure under the Indiana Access to Public Records Act. Therefore, if a formal request for copies of these Public Records is made, please be aware no redactions of personal information is required or permitted by Indiana law.*

*By signing below, I acknowledge that I have read, understood, and consent to the above.*

Signature: \_\_\_\_\_

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

**\* Anonymous Reports will not be accepted**

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**TO BE COMPLETED BY WARRICK COUNTY OFFICIAL**

- Report Number:     2019 -     \_\_\_\_\_
- Date Received:     \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- District of Property    #1    #2    #3
- Township:           \_\_\_\_\_
- Parcel Number:       \_\_\_\_\_

Signature: \_\_\_\_\_

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

Title: \_\_\_\_\_