



Code Violation Complaint Form

Date/Time Complaint Received: _____

Name of Person Receiving Complaint: _____

Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: _____ Email: _____

Signature of person filing complaint: _____

Notice: Please indicate if you want to be notified either by phone, or mail of any hearings, or findings of the Bradford County Special Magistrate. ___ Yes ___ No

Violator: (please make sure there is an address for our office to be able to locate this property.)

Name: _____

Physical Address: _____ City: _____ State: FL Zip Code: _____

Mailing Address: _____ City: _____ State: _____ Zip Code: _____

Parcel Number: _____

Statement of Violation:

