

## **Code Violation Complaint Form**

	Date/Time Complaint Rec	eived:	
	Name of Person Receiving	Complaint:	
Name:			
Address:	City:	State:	Zip Code:
Phone #:	Email:		
Signature of person filing complaint:_			
		ail of any hearing	s, or findings of th
Notice: Please indicate of you want to County Special MagistrateYes Violator: (please make sure there is Name:	an address for our office to be able	•	
County Special MagistrateYes	an address for our office to be able	to locate this pro	perty.)
County Special MagistrateYes Violator: (please make sure there is	an address for our office to be ableCity:	to locate this pro  State: FL	perty.) Zip Code:
County Special MagistrateYes Violator: (please make sure there is Name: Physical Address:	an address for our office to be able City:City:	to locate this pro  State: FL	perty.) Zip Code:
County Special MagistrateYes Violator: (please make sure there is Name: Physical Address: Mailing Address:	an address for our office to be able City:City:	to locate this pro  State: FL	perty.) Zip Code:



## \*\*FOR OFFICE USE ONLY\*\*

Date/Time Given to Code Enforcement Officer:
Department Case Number:
Code Enforcement Officer Comments/Actions to be Taken:
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