



CODE COMPLIANCE COMPLAINT FORM

DATE/TIME: _____

REC'D BY: _____

COMPLAINANT

COMPLAINANT NAME**: _____

ADDRESS: _____ PHONE: _____

****ANONYMOUS COMPLAINTS NOT ACCEPTED PER FLORIDA STATUTE 162.06.**

Complainant information is requested for the purposes of notifying the complainant as the progress and status of the code violation. Complainant information will only be released if specifically requested.

VIOLATION INFORMATION

LOCATION: _____

VIOLATOR/CONTACT: _____

TAX/FOLIO: _____ ZONING: _____

ADDRESS: _____

COMPLAINT: _____

DATE/TIME: _____

INSPECTOR: _____

INSPECTION: _____

Rev 4/2023