Print Form

B - 8

Code Complaint Form

Date: _____ Taken By: _____

Time: _____

Nature of Complaint: _____

☐ Junk/Litter ☐ Building ☐ Zoning ☐ Environmental ☐ Mowing ☐ Referral

Exact Property Address (No route and box numbers):

_____

If no address, Parcel ID number: _____

Property Owner (if known):_____

IF NEITHER ADDRESS NOR PARCEL NUMBER CAN BE OBTAINED, PLEASE ENTER COMPLAINANT'S NAME AND NUMBER(S):

Name: _____

Work Number: _____

Home Number: _____

Mobile Number: _____

****IF YOU WANT TO REMAIN ANONYMOUS, PLEASE CONTACT VICKIE F. ANDREWS AT A LATER DATE TO MAKE SURE THAT THE INFORMATION PROVIDED WAS COMPREHENSIVE AND/OR ACCURATE ENOUGH TO LOCATE THE PROPERTY IN QUESTION. ****

Situation:_____

_____

_____

_____

_____

This Complaint Form can be mailed to the address listed below:

Department of Development Support & Environmental Management
Code Compliance Program
435 North Macomb St., 2nd Floor
Tallahassee, FL 32301
(850) 606-1300
(850) 606-1301 Fax

Revised 9/16/11
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