



# Code Complaint Form

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

Received By: \_\_\_\_\_

Time: \_\_\_\_\_

Office Use Only:	
LEC#: _____	District #: _____

Nature of Complaint: \_\_\_\_\_

- Junk/Litter   
  Building   
  Zoning   
  Environmental   
  Mowing   
  Other   
  Referral

Exact Property Address (No route and box numbers): \_\_\_\_\_

If no address, Parcel ID number: \_\_\_\_\_

Property Owner (if known): \_\_\_\_\_

**IF NEITHER THE ADDRESS NOR PARCEL NUMBER CAN BE OBTAINED, PLEASE ENTER COMPLAINANT'S NAME AND NUMBER(S):** *Complainants can remain ANONYMOUS. Please note that under Florida's Public Records laws, most written communications to or from county staff or officials regarding county business are public records available to the public and media upon request; therefore this form can be subject to public disclosure.*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Work Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_ Other: \_\_\_\_\_

**\*\*IF YOU WISH TO REMAIN ANONYMOUS, PLEASE CONTACT CODE COMPLIANCE PROGRAM AT (850) 606-1300, TO MAKE SURE THE INFORMATION PROVIDED IS COMPREHENSIVE AND/OR ACCURATE. \*\***

Complaint Description:

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**Mail or Fax the Code Complaint Form to the address listed below:**

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

Revised 7/21/14