



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 cannot 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: _____

Work Number: _____ Home Number: _____

Mobile Number: _____ Email: _____

****IF YOU WISH TO OBTAIN A STATUS UPDATE, PLEASE CONTACT CODE COMPLIANCE PROGRAM AT (850) 606-1300.**

** Frivolous and unfounded complaints will not be processed or investigated.*

Complaint Description:

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., 2nd Floor
 Tallahassee, FL 32301
 (850) 606-1300
 (850) 606-1301 Fax

Revised 5/30/17