

Date Received: _____
Received By: _____

Leon County Code Enforcement Board
435 N. Macomb Street, 2nd floor
Tallahassee, FL 32301
(850) 606-1300 – phone
(850) 606-1301 – fax
Email: CodeCompliance@LeonCountyFL.gov

REQUEST FOR REDUCTION OF FINE
(See Fact Sheet)

Property Owner: _____

Property Address: _____

Tax ID No.: _____

CEB Case No.: _____

Phone: _____

Mailing Address: _____

Brief description outlining financial hardship*: _____

* Please remember to submit any documentation you have to support your claim of a financial hardship. This will assist the Board in making a decision when considering your request.

Your presence at the scheduled Board meeting is **REQUIRED in order to have your request heard and may be dismissed should you fail to appear.

Signature: _____

Date: _____

* Please attach additional page if more room is needed