

Code Complaint Form

| Date: | Time | Received By: | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Office Use Only: LEC#: District #: | | | |
| Based on the Complair Section 162.06(1)(b), F.S. | t Description, an anonymous of | complaint is permitted pursuant to Section 6-30(a)(2), LCC, and | |
| Nature of Complaint: | | | |
| □ Junk/Litter □ Buildi | ing □ Zoning □ Er | vironmental Mowing Other Referral | |
| Exact Property Address (| No route and box number | rs): | |
| If no address, Parcel ID r | number: | | |
| Property Owner (if known | own): | | |
| 6-30(a)(2) of the Leon C generally cannot remain communications to or from co media upon request; therefore, Is your personal informat | County Code of Laws and an ANONYMOUS. Please ounty staff or officials regard, this form can be subject to pution exempt from public record tion from disclosure, you must | ADDRESS AND NUMBER(S): Pursuant to Section 162.06(1)(b), Florida Statutes, Complainary on the that under Florida's Public Records laws, most writing county business are public records available to the public ablic disclosure. Statistical disclosure in accordance with FS 119.071(2)(j)1 or FS 119.071(4) complete the Leon County Government Public Records Exemption | |
| Name: | | | |
| Address: | | | |
| Required | | | |
| Best Contact Phone Num | ber: | | |
| Email: Optional | - | | |
| **IF YOU WISH T | RAM AT (850) 606-130 | ATUS UPDATE, PLEASE CONTACT COD 0. Hours are Monday - Friday 8:00am-5:00pm e processed or investigated. | |
| Complaint Description: | | | |

Mail, Fax or Email the Code Complaint Form to:

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

(850) 606-1300 Fax: (850) 606-1301 Email: <u>CodeCompliance@LeonCountyFL.gov</u>