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| Date Received: | _____ |
| Received By:   | _____ |

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**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](mailto:CodeCompliance@LeonCountyFL.gov)**

**REQUEST FOR COMPLIANCE REVIEW HEARING**

Property Owner: \_\_\_\_\_

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

Tax ID No.: \_\_\_\_\_ CEB Case No.: \_\_\_\_\_

Phone No. \_\_\_\_\_ Email Address: \_\_\_\_\_

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

Brief description outlining why you are challenging the Affidavit of Non-compliance, validity of the fine amount, and/or the imposition of the lien:

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\* Please remember to submit any documentation you have to support your request for a compliance review hearing. 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