*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 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