



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: _____
Required

Best Contact Phone Number: _____
Required

Email: _____
Required

****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: 4/5/18