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:

* 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