

Code Complaint Form

Date:	Time		Received By:	
LEC#:	Of District #:	fice Use Only:		
Based on the Complaint Section 162.06(1)(b), F.S.	Description, an anonymou	s complaint is pern	nitted pursuant to Section 6	5-30(a)(2), LCC, and
Nature of Complaint:				
□ Junk/Litter □ Buildir	ng 🗆 Zoning 🗆 🛛	Environmental	\Box Mowing \Box Ot	her 🗆 Referral
Exact Property Address (No route and box numbers):				
If no address, Parcel ID number:				
Property Owner (if known):				
PLEASE ENTER COMPLAINANT'S NAME, ADDRESS AND NUMBER(S): Pursuant to Section 6- 30(a)(2) of the Leon County Code of Laws and Section 162.06(1)(b), Florida Statutes, Complainants generally 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.				
yes, to exempt your information Request form or otherwise comp	from disclosure, you must	t complete the Leor		
Name:				
Dequined				
Address: <i>Required</i>				
Best Contact Phone Numb	ber:			
Email:	Required			
Optional				
** IF YOU WISH TO OBTAIN A STATUS UPDATE, PLEASE CONTACT CODE COMPLIANCE PROGRAM AT (850) 606-1300. Hours are Monday - Friday 8:00am-5:00pm.				
* Frivolous and unfounded complaints will not be processed or investigated.				
Complaint Description:				