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 REDUCTION OF FINE (See Fact Sheet)

Property Owner:	
Property Address:	
Tax ID No.:	
CEB Case No.:	
Phone:	
Mailing Address:	
Brief description outlining_financial hardship*:	
	_
* Please remember to submit any documentation you have to s	
hardship. This will assist the Board in making a decision whe	n considering your request.
**Your presence at the scheduled Board meeting is REQUIR	ED in order to have your request
heard and may be dismissed should you fail to appear.	
Signature:	Date:

Revised: 3/16/2023

^{*} Please attach additional page if more room is needed