



**COMPLAINT AFFIDAVIT VIOLATION
OF CODE ORDINANCES**

Your Name: _____

Street Address: _____

Telephone: _____
(Home) (Cell) (Work)

SUBJECT OF COMPLAINT

Name: _____

Street Address: _____

Date & Time of Alleged Violation: _____

Detailed Description of Complaint: _____

Continue to Page Two (Form is valid when both pages are completed)

Complaint Affidavit
Violation of code
Ordinances Page Two

Can you provide photos pertaining to the complaint? Yes No

Have you contacted anyone with the City previously about this issue? Yes No

If YES, please provide the date of contact and the name of the person you spoke with about this issue:

If a hearing before the Court or Special Magistrate is held concerning the complaint, would you be willing to testify to the facts stated in this complaint? Yes No

Signature: _____ **Date:** _____

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____ 20____.

by _____
(Name of Person Making Statement).

(NOTARY SEAL)

(Signature of Notary Public-State of Florida)

(Name of Notary Typed, Printed, or Stamped)

Personally Known _____ OR Produced Identification _____

Type of Identification Produced _____