

COMPLAINT AFFIDAVIT VIOLATION OF CODE ORDINANCES

Your Name: _							
Street Address:							
Telephone: _							
	(Home)	(1	Cell)				
Email:							
SUBJECT OF COMPLAINT							
		SOBJECT OF COMP	LAINI				
Name:							
Street Address:							
Date & Time of	Alleged Violation:						
Detailed Description of Complaint:							

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

Violation of the Code of Ordinances Page Two

Can you provide photos pertaining to the complaint? Have you contacted anyone with the City previously about this issue? Yes Yes				
If a hearing before the Court or Speci willing to testify to the facts stated in	al Magistrate is held concerning the compl this complaint?	aint, would yo	u be	
Signature:	Date:	:		
STATE OF FLORIDA) COUNTY OF BROWARD)				
notarization, this	ledged before me by means of physi day of as	, 20	r online , by	
(Name of person acknowledging)	as		_	
for(Company name)	·			
Personally known to me produced	or has produced Identification	_, type of	identification	
(NOTARY SEAL HERE)	SIGNATURE OF NOTARY PUBLIC			
	PRINT, TYPE/STAMP NAME OF NO	OTARY OTARY		