COUNTY OF OKALOOSA

Case No.: _____

Respondent: _____

Okaloosa County Code Enforcement Division

1250 N. Eglin Pkwy., Suite 301
Shalimar, FL 32579
Shalimar: (850) 651-7180
Crestview: (850) 689-5080

AFFIDAVIT OF COMPLAINT

DATE: _____

COMPLAINANT: _____ PHONE #: _____

ADDRESS: _____

_____

(CITY) (STATE & ZIP)

*__NOTICE__: per Florida Statue 162.06 (1)(b), Code Enforcement complaints **cannot** be submitted anonymously.
All filed complaints are considered Public Record.*

NATURE of ALLEGED VIOLATION: _____

_____

_____

_____

_____

_____

LOCATION of VIOLATION: _____

(STREET ADDRESS) (CITY)

VIOLATOR/ RESPONDENT
NAME: _____ PHONE #: _____

_____

(ADDRESS) (CITY) (STATE & ZIP)

_____

(AFFIANTS SIGNATURE)

Subscribed before me this _____ Day of _____, 20 _____

Notary: _____

My Commission Expires: _____

_____

NAME of STAFF MEMBER TAKING COMPLAINT

****

ACTION TAKEN by CODE ENFORCEMENT DIVISION or OTHER DEPARTMENT: (ALL NOTATIONS MUST BE SIGNED)

_____

_____

_____

_____

CE-1A

Code Enforcement Division

COMPLAINT WORKSHEET CONTINUATION

Case No.: _____

Respondent: _____

DATE: _____