

Case No. _____

Respondent _____

STATE OF FLORIDA

COUNTY OF OKALOOSA

Okaloosa County Code Enforcement Division
1804 Lewis Turner Blvd., Suite 200
Ft. Walton Beach, FL 32547
Ft. Walton Beach (850) 651-7180 Fax (850) 651-7706
Crestview (850) 689-5080 Fax (850) 689-5512

AFFIDAVIT OF COMPLAINT

DATE: _____

NAME OF COMPLAINANT: _____ PHONE NUMBER: _____

ADDRESS OF COMPLAINANT: _____

(CITY)

(STATE & ZIP)

NATURE OF ALLEGED VIOLATION: _____

LOCATION OF VIOLATION: _____

(STREET ADDRESS)

(CITY)

NAME AND ADDRESS OF VIOLATOR/RESPONDENT _____

(NAME)

(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)
