

Case No. _____

Respondent _____

STATE OF FLORIDA

COUNTY OF OKALOOSA

Okaloosa County Code Enforcement Division

1250 Eglin Pkwy N, Suite 301
Shalimar, FL 32579
850.651.7180
FAX 850.651.7058

812 E. James Lee Blvd.
Crestview, FL 32539
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)

