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CODES ENFORCEMENT COMPLAINT FORM

PLEASE COMPLETE TO INITIATE COMPLAINT

DATE RECEIVED: _____ TIME: _____

RECEIVED BY: _____

911 ADDRESS OF COMPLAINT: _____

MAILING ADDRESS: _____

PARCEL NUMBER: _____

OWNER OF RECORD: _____

COMPLAINT: _____

Please note that this information becomes "Public Records". If you wish to be contacted regarding this case, please provide your phone number below.

Printed Name of Complainant (*required*): _____

Signature of Complainant (*required*): _____

Address of Complainant (*required*): _____

Phone Number (*optional*): _____