

CITY OF PALM COAST

Code Enforcement Board -Case No. _____

SWORN REQUEST FOR REDUCTION OF FINE/LIEN

Instructions:

Fill in all parts of this form completely. Be specific when writing your statement. Please return this form to the Secretary of the Code Enforcement Board, **Code Enforcement Board, 160 Lake Avenue Palm Coast, FL. 32164**. The Request Reduction of Fine/Lien will be set on the next available Code Enforcement Board meeting. You will be advised of the hearing date and you may appear at that time. If you are claiming medical or financial hardship, attach supporting documentation. **Administrative costs will not be reduced. Liens that have been imposed may only be acted upon by the City Council, but the Code Enforcement Board will provide a recommendation to the City Council.**

Property Owner's Name: _____

Property Address: _____

Daytime Phone Number _____

Total Amount of fine/lien to date of compliance:\$ _____

City use Only. Fine/Lien amount verified by: _____

Is the property now in compliance? ____ yes ____no (If no explain)

Date property brought into compliance: _____

Recording Information Book _____ Page _____

Are you claiming a financial hardship? yes ____ no ____ (If yes, state below)

Are you claiming a medical hardship? yes ____no ____ (If yes, state below)

I, _____, do hereby submit this Request for Reduction of Fine/Lien and in support thereof, offer the following statement under oath:

