



CITY OF MARY ESTHER

195 CHRISTOBAL ROAD N.
MARY ESTHER, FL 32569

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FAX (850) 243-0736

EMAIL:
CODE@CITYOFMARYESTHER.COM

CODE ENFORCEMENT DIVISION

CITIZEN COMPLAINT FORM

Complainant (Your Name)	Phone Number	Email Address
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Complainants Address

Address Where The Violation Is Believed To Have Occurred Or The Complaint Is Being Made

Detailed Description Of The Complaint

By signing below I certify that the information I have provided and contained herein is true and correct to the best of my knowledge, that the incident and/or complaint will be investigated by an Officer of the Code Enforcement Division, that I may be required to give additional statements to such Officers and that any records pertaining to a case that may be assigned to this complaint is subject to Florida public records law.

Signature Of Person Making Complaint

Date

For Official Use Only Below

Date Complaint Received	Method	Case Number Assigned
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