



CITY OF MARY ESTHER

195 CHRISTOBAL ROAD N.
MARY ESTHER, FL 32569

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CONTESTING OF CITATION

This Form Shall Be Fully Completed Prior To Submittal. This Form Must Be Received Within Twenty (20) Calendar Days From The Date Of Issue Of The Citation That You Have Elected To Contest. If After Twenty (20) Calendar Days You Have Failed To Remit Payment Or Elect To Contest The Citation, You Shall Be Found Guilty Of The Violation And Have Waived Your Right To Contest The Citation And An Order May Be Entered Against You Up To The Maximum Amount As Allowed By Law.

Name Of Respondent: _____ Case Number: _____

Address Or Location Where The Violation(s) Occurred: _____

Violation(s) Cited: _____

Date Citation Received: _____ Citation Amount: _____

Reason Why You Are Disputing This Citation: _____

BY SIGNING BELOW I HEREBY ATTEST AND AFFIRM I UNDERSTAND THAT I AND/OR MY DESIGNEE MUST PERSONALLY APPEAR BEFORE THE MARY ESTHER CODE ENFORCEMENT BOARD UNDER OATH TO PRESENT AND DEFEND MY REQUEST TO CONTEST THE CITATION OF WHICH I HAVE BEEN ISSUED. I FURTHER ATTEST AND AFFIRM THAT I UNDERSTAND THAT SHOULD I BE FOUND GUILTY, A FINE OF UP TO \$250.00 PER DAY PER VIOLATION OR \$500.00 PER DAY PER VIOLATION FOR REPEAT VIOLATORS, MAY BE ASSESSED AGAINST ME UNTIL ALL VIOLATIONS HAVE BEEN BROUGHT INTO COMPLIANCE. FURTHER, THE BOARD MAY ASSESS AN ADMINISTRATIVE FEE AND OTHER FINES AS ALLOWED BY LAW.

RESPONDENT'S SIGNATURE

DATE