

REQUEST FOR CODE BOARD RECONSIDERATION



Owner Name: _____

Owner Mailing Address: _____

Violation Address(es): _____

Date of Request: _____

Case No(s) (if available): _____

Reason for Request:

Requestor's Name, Mailing Address, Email Address and Contact Number:

Requestor's Relationship with regards to interest in property cited (please check the applicable option):

- ☐ Owner
- ☐ Legal/Registered Agent
- ☐ Buyer with contract
- ☐ Relative

The following information will be filled out by City Staff:

Case No.: _____

Date of Hearing: _____

Fee paid in the form of: _____

Please note: Deadline to receive form and \$50.00 fee is two (2) weeks prior to the hearing **on Thursday at 12:00 PM.**

Make check/money order payable to: City of Lakeland

Mail to:

Customer Billing
Attn: Wrena/Shannon
228 S. Massachusetts Av
Lakeland, FL 33801

(863) 834-8276