

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 and Contact Number:

Requestor's Relationship with regards to interest in property cited:

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 **12:00p.m. on Thursday** two (2) weeks prior to scheduled date of hearing.

Make check/money order payable to: City of Lakeland

Mail to:

Customer Billing

Attn: Wrena / Dawn

228 S. Massachusetts Av

Lakeland, FL 33801

(863) 834-8276