

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 **12:00 p.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/Shannon
228 S. Massachusetts Av
Lakeland, FL 33801
(863) 834-8276