



CITY OF GREEN COVE SPRINGS
Code Enforcement
Violation / Complaint Form

Complaint Information:

Name: _____

Date: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____

Violator Information:

Name: _____

Address of Violation: _____

City: _____ Zip Code: _____

Describe the alleged violation:

Are there witness to the violation?

YES NO

If yes, provide the witnesses contact information below.

Witness Name: _____

Phone: _____

Address: _____

City: _____

Resident Affirmation:

I swear the above statements and allegations are true and correct to the best of my knowledge and belief.

X

Signature

Print Name

Return to: Code Enforcement, 321 Walnut Street, Green Cove Springs, FL 32043

Email: rarmstrong@greencovesprings.com