



**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