



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