

**Clay County Code Enforcement Division
Violation / Complaint Form**



Complainant Information

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____

Phone: _____ Email: _____

Violation Information

Name: _____

Address of Violation: _____

City: _____ Zip Code: _____

List the alleged violation(s).

Are there witnesses to the violation? Yes No If yes, provide the witnesses contact information.

Witness Name: _____ Phone: _____

Address: _____ City: _____ Zip Code: _____

Resident Affirmation

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

Signature

Print Name: _____

Return to: Code Enforcement Division, P.O. Box 1366, Green Cove Springs, FL 32043

Fax: (904) 278-3706

Email: code.enforcement@claycountygov.com