COMPLAINT FORM

TO: **Town of Fort White, c/o Town Clerk**

FROM: Full Name:_____
Address: _____
City: _____ State:_____ Zip:_____
Phone: _____

NATURE OF COMPLAINT: ( ) Code Enforcement ( ) General Complaint ( ) Other

Citation of Ordinance or Statue Number:_____

Facts: (Briefly state the facts that you, of your own personal knowledge, know. State specific dates, times, locations, and person's names. Do not give general opinions.)

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Under penalty of perjury, I hereby swear or affirm that the foregoing facts to be true and correct to the best of my knowledge and belief.

_____ _____
Signature of Complainant Date