



14579 Southern Blvd #2  
 Loxahatchee Groves, FL 33470  
 Office Hours: Mon. – Fri. 9:00 am to 4:00 pm  
 Phone: 561-793-2418 Fax: 561-792-2420

**CODE COMPLIANCE - AFFIDAVIT OF COMPLAINT**

Date: \_\_\_\_\_

Case #: \_\_\_\_\_

**Complainant Contact Information:**

Name: \_\_\_\_\_

\_\_\_\_\_  
 (Street Address) (City)

Contact Phone: \_\_\_\_\_ (Signature)  
 (must be signed in person at the Town Office)

*I give permission to the Town Code Enforcement Officer to enter my property to view the violator's actions:*

- at will,
- with prior verbal consent, at a scheduled time, to be accompanied by me or my representative

**Name of Violator:** \_\_\_\_\_

**Nature of alleged violation:** \_\_\_\_\_

**Address/location of Violation:** \_\_\_\_\_

**OFFICIAL USE ONLY**

PCN: 41 41 43 \_\_\_\_\_ Mailing address of Violator: \_\_\_\_\_

Action Taken By Code Compliance Division: Date Inspected: \_\_\_\_\_

Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Violation Issued: No  Yes  \_\_\_\_\_ (Code Officer)