



COUNTY OF OKALOOSA

Case No. _____

Respondent _____

Okaloosa County Code Enforcement Division
1250 Eglin Pkwy., Suite 301
Shalimar, FL 32579
Shalimar, (850) 651-7531 Fax (850) 651-7032
Crestview (850) 689-5080 Fax (850) 689-5512

AFFIDAVIT of COMPLAINT

DATE: _____

COMPLAINANT: _____ PHONE#: _____

ADDRESS: _____

(CITY)

(STATE & ZIP)

NATURE of ALLEGED VIOLATION: _____

LOCATION of VIOLATION: _____

(STREET ADDRESS)

(CITY)

VIOLATOR / RESPONDENT

NAME: _____ PHONE NUMBER: _____

(ADDRESS)

(CITY)

(STATE & ZIP)

(AFFIANTS SIGNATURE)

Subscribed before me this _____ Day of _____, 20 _____

Notary: _____

My Commission Expires: _____

NAME of STAFF MEMBER TAKING COMPLAINT

ACTION TAKEN by CODE ENFORCEMENT DIVISION or OTHER DEPARTMENT: (ALL NOTATIONS MUST BE SIGNED)

