



Police Department

Code Enforcement Division

7 Hollywood Blvd. NE Fort
Walton Beach, FL 32548
P: (850) 833-9546
F: (850) 833-9684
TDD: (850) 833-9925

CODE ENFORCEMENT FINE REDUCTION REQUEST FORM

ADDRESS OR GENERAL LOCATION:	
LEGAL DESCRIPTION:	

Applicant (Owner or Agent) NAME:	
Applicant (Purchaser or Agent) NAME:	
ADDRESS:	
PHONE:	
EMAIL:	
Property Owner NAME:	
Property Owner ADDRESS:	

As property owner / authorized agent for property owner, In-accordance with Ordinance 1930, I hereby petition to the City of Fort Walton Beach for a "code enforcement fine reduction" and affirm the following to be true and complete to the best of my knowledge.

As potential purchaser / authorized agent for potential purchaser, in-accordance with Ordinance 1930, I hereby petition to the City of Fort Walton Beach for a "conditional acceptance to settle the lien" and affirm the following to be true and complete to the best of my knowledge. *Note: for requests submitted by potential purchasers of the subject property, a contract to purchase and or accepted offer to purchase from the seller must be included with the application.*

Fines and fees have been assessed against the subject property in relation to Code Enforcement case(s). # _____, # _____, # _____, # _____.

Total accrued fine(s): _____ Total administrative fees: _____ Additional Assessments _____

Fine _____ X 10% = _____

Fine _____ X 15% = _____

Fine _____ X 20% = _____

If a resulting fine reduction per the schedule in Ordinance 1930 is greater than 10% of the Just Market Value, use the Just Market Value X 10%.

Okaloosa County Property Appraiser's Certified Just Market Value _____.

Just Market Value _____ X 10% = _____

In accordance with Ordinance 1930 and the data above (I / we) request the fine reduction and agreed to pay the reduced fine amount of _____ administrative fees of _____ additional assessments of _____ for a total of _____.

All book and page numbers for liens being sought for release as part of this request:

Book _____ Page _____

Book _____ Page _____

Book _____ Page _____

Book _____ Page _____

I / we acknowledge that an approved settlement offer is good for 60 days from the date it becomes approved.

Applicant name: _____.

Applicant signature: _____.

Staff only

Reviewed by _____ Recommendation _____

City Manager _____ Date _____ Approved _____ Denied _____