CITY OF OKEECHOBEE, FLORIDA
BUILDING DEPARTMENT COMPLAINT FORM

CODE COMPLIANCE DEPARTMENT COMPLAINT FORM
55 SOUTH EAST 3RD AVENUE OKEECHOBEE, FLORIDA 34974

PHONE: 867 763 3372 FAX: 863 763 1686

YOUR NAME: _____, DATE: _____

SUBJECT OF COMPLAINT

NAME AND/OR COMPANY: _____

PLEASE GIVE FULL DETAILS OF COMPLAINT: _____

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FLORIDA STATUES 837.06, FALSE OFFICIAL STATEMENTS: WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE.

_____, Date: _____

Signature (required to be complete)