

City of Okeechobee, Florida General Services Department

55 SE Third Avenue
Room 101
Okeechobee, FL 34974
FAX: 863-763-1686
Scanned documents: permit@cityofokeechobee.com
For questions, please contact 863-763-9821

STORM PROTECTION EXTENDED DURATION NOTICE

Name of Resident(s):	· · · · · · · · · · · · · · · · · · ·
Address of residence that will be va	cated:
Date of Vacancy:	Date of Return:
Emergency Contact Person:	
Emergency Phone Number:	
panels, or hurricane protection devices residence and you are aware that all	ou are vacating the residence and installing storm shutters, storm ces. During the period provided above, no one shall occupy the ll window and door protections utilized shall comply fully with the Prevention Code, and City of Okeechobee Code of Ordinances, ending City Code Chapter 90.
Resident Signature	Date
STATE OF FLORIDA COUNTY OF:	
	owledged before me by means of □ physical presence or □ online , 20, by,
who is personally known to me or p	(Name of Person as identification.
[Stamp]	
[Οιαπη]	
	Notary Public Signature