

**OKEECHOBEE COUNTY
PLANNING AND DEVELOPMENT DEPARTMENT**

Code Compliance Department Complaint Form
1700 NW 9th Avenue, Suite A Okeechobee, Florida 34972
Phone: (863) 763-5548 Fax: (863) 763-5276

Your name: _____ Address: _____

Telephone: () _____ () _____
Residence Business

Contact other than yourself:

Name: _____ Telephone: () _____ () _____
Residence Business

SUBJECT OF COMPLAINT

Name: _____ Address: _____
Person and/or Company _____

Telephone: () _____ Occupation: _____

License # (if known) _____

Have you contacted subject concerning complaint? ___ ___ Date contacted: _____
Yes No

Because of Statute of limitations, please do not delay in consulting with an attorney or initiating any actions to preserve your civil remedies in this matter.

Please list witnesses concerning this matter

Please give full details of your complaint.

In addition to your complete written statement, we are requesting documentation of your contractual relationship with the contractor and evidence supporting your allegations. Please provide the following: (if available)

*Contract between you and contractor

*Proof of payment (canceled checks, receipts, etc.)

*Liens, judgements and notices to owner including copies of related work.

Was permit obtained from the Building Department? Yes No

Permit Number: _____

Has the contractor offered to make repairs? Yes No

Has the contractor made attempts to make repairs? Yes No

Have you had any other licensed contractor, architect or engineer inspect the work? Yes No

If, yes please furnish a copy of the report, if any.

I am complaining in my capacity as:

Homeowner Subcontractor Supplier Building Department

Contractor Owner of commercial structure worked on by contractor

Please check the category that best summarizes the work the contractor did for you or that you were involved in:

Build a house Remodel Remodel/built addition to commercial structure

Re-roof entire house Re-roof or repair part of the roof of house Built a pool at house

Installed air conditioning or heating at residence Built addition on residence

Built commercial structure Roof work, commercial Electrical work

Other, as follows: _____

Please check the category that best describes your complaint:

Poor workmanship Job finished, but contractor will not correct problems

Roof leaks, contractor will not repair Contractor failed to pay sub-contractors

Contractor taking unreasonable long to do job Contractor abandoned job

Financial dishonesty Other, please explain _____

List the three (3) worst items you are complaining about; that you feel are substandard and/or the contractor will not fix.

FLORIDA STATUTES 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.

Signature (required to be complete)

Date