



## SPECIAL MAGISTRATE REDUCTION OF FINE REQUEST

Date of Filing: \_\_\_\_\_

Date of Previous Hearing: \_\_\_\_\_

Official Code Compliance Order No: \_\_\_\_\_

Violation Address: \_\_\_\_\_

Name of Individual: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_

Reason for Reduction of Fine Request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***I understand that the below listed date is the actual date and time of the Special Magistrate Reduction of Fine Request, and I must appear to present my case. I understand that this is my official notice of the hearing date and time, and that I will receive no other notice.***

Hearing Location: 1ST FLR - MAIN BLDG - CONFERENCE RM #112,

Hearing Date: \_\_\_\_\_

City Hall, 1565 1<sup>st</sup> Street, Sarasota, Florida 34236

Hearing Time: \_\_\_\_\_

**Do not sign this document until you have read it completely. If you do not understand any portion of what you have read, please ask the person scheduling for assistance.**

If this hearing date or time needs to be changed, please call the Code Compliance Department at 941-954-4125.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_