

City of Polk City Code Enforcement Complaint Form



Date: _____

File Number (Provided by code enforcement Inspector): _____

Citizens Name*: _____ Phone Number*: _____

Address / location of the property with the violation: _____

Occupancy type (check appropriate) Residence Business Other: _____

Name(s) of occupant or business if known: _____

Name and Address of Landlord if known: _____

Describe the problem: _____

Submitted to Code Enforcement on / by: _____

This document can be submitted by:

Mail: Polk City Code Enforcement, P.O. Box 1139, Polk City, Florida 33868

Fax: (863) 984-1984

Place in drop box outside the Utilities Building, 203 Bouganvillea Ave, Polk City, FL

* - Identifies Optional Information