



COUNTY OF OKALOOSA

Case No. \_\_\_\_\_

Respondent \_\_\_\_\_

Okaloosa County Code Enforcement Division  
1250 Eglin Pkwy., Suite 301  
Shalimar, FL 32579  
Shalimar, (850) 651-7531 Fax (850) 651-7032  
Crestview (850) 689-5080 Fax (850) 689-5512

AFFIDAVIT of COMPLAINT

DATE: \_\_\_\_\_

COMPLAINANT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

(CITY)

(STATE & ZIP)

NATURE of ALLEGED VIOLATION: \_\_\_\_\_

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

LOCATION of VIOLATION: \_\_\_\_\_

(STREET ADDRESS)

(CITY)

VIOLATOR / RESPONDENT

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

(ADDRESS)

(CITY)

(STATE & ZIP)

\_\_\_\_\_  
(AFFIANTS SIGNATURE)

Subscribed before me this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NAME of STAFF MEMBER TAKING COMPLAINT

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ACTION TAKEN by CODE ENFORCEMENT DIVISION or OTHER DEPARTMENT: (ALL NOTATIONS MUST BE SIGNED)

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

