



**City of Palm Beach Gardens**



**REQUEST FOR REDUCTION OF CODE COMPLIANCE FINES**

INSTRUCTIONS: Please fill out this form in its entirety, be specific and use additional pages if necessary. Return this form to:

City of Palm Beach Gardens  
Attn: Code Compliance Supervisor  
10500 N Military Trail  
Palm Beach Gardens, FL 33410  
Fax: 561-799-4254

Requests must be received at least ten (10) business days prior to the next scheduled Code Compliance Special Magistrate. You will be notified in writing of the Special Magistrate’s decision within ten (10) days after the hearing. If you are claiming medical or financial hardship, please attach supporting documentation (i.e. a doctor’s statement or proof of income). Please note that a request for reduction of fines can only be processed after the property is in compliance. Pursuant to Florida’s public records laws, any information contained herein will become part of the case file and, if requested as a part of a public records request, may only be redacted to the extent allowed by law. If you have any questions, please call (561) 799-4245.

Code Case Number(s): \_\_\_\_\_

Violation Location: \_\_\_\_\_

Owner’s Name: \_\_\_\_\_

If the property owner is unable to complete this form, list the name of the person who is authorized to act for the property owner: \_\_\_\_\_

Petitioner’s relationship to the owner: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Are you claiming a financial hardship?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Are you claiming a medical hardship?      Yes: \_\_\_\_\_      No: \_\_\_\_\_

Request for Reduction of Code Compliance Fine  
Case No(s). \_\_\_\_\_

**YOU WILL BE GIVEN AN OPPORTUNITY TO ADDRESS THE SPECIAL  
MAGISTRATE CONCERNING THIS REQUEST. MAKE CERTAIN THAT THIS  
FORM SETS FORTH YOUR POSITION.**

I, \_\_\_\_\_, do hereby submit this Petition in request for a reduction in  
the total amount of penalty imposed, and in support, offer the following statement:

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

State of: \_\_\_\_\_

County of: \_\_\_\_\_

THE FOREGOING INSTRUMENT WAS ACKNOWLEDGED BEFORE ME THIS \_\_\_\_\_  
DAY OF \_\_\_\_\_ 20\_\_\_\_, BY \_\_\_\_\_ WHO IS  
PERSONALLY KNOWN TO ME OR WHO HAS PRODUCED \_\_\_\_\_  
AS IDENTIFICATION.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

\_\_\_\_\_  
PRINT NAME OF NOTARY PUBLIC

(OFFICIAL SEAL)