

**SEMINOLE COUNTY
CODE ENFORCEMENT BOARD
CASE NO. _____**

REQUEST FOR REDUCTION/WAIVER OF LIEN

**BY COMPLETING THIS FORM, YOU ARE MAKING STATEMENTS UNDER OATH
THE PROPERTY MUST BE IN COMPLIANCE FOR CONSIDERATION**

INSTRUCTIONS: Please fill out both pages of this form completely. Be specific when writing your statement. If you are claiming medical or financial hardship, attach supporting documentation (*i.e.*, a doctor's statement or proof of income). Please return this form to the Clerk to the Code Enforcement Board, along with a check made payable to the "BCC", for the **non-refundable \$500.00 application fee.** The *Request for Reduction/Waiver of Lien* will then be sent for review to verify that all criteria for consideration are met. Once it has been verified that your case meets all of the criteria, it will be scheduled for presentation to the Board of County Commissioners at their next regularly-scheduled hearing, or as soon thereafter as possible (this process can take 6 – 8 weeks). You will receive a letter advising of the date and time of the meeting; and you should plan to attend. You will be notified in writing of the Board's decision within 10 days after the hearing. If you have any questions, please call the Clerk at (407) 665-7403.

Property Owner's Name: _____

Property Address: _____

Daytime Phone Number: _____

Is the property now in compliance? YES _____ NO _____

(If No, explain in detail): _____

Are you requesting a reduction to the lien? YES _____ NO _____

If yes, the amount you would like it reduced to: \$_____

Are you claiming a financial hardship? YES _____ NO _____

If yes, please attach supporting documentation.

Are you claiming a medical hardship? YES _____ NO _____

If yes, please attach supporting documentation.

If the property owner is unable to complete this form, list the name of the person who is legally authorized to act for the property owner and his/her relationship to the property owner:

Name: _____

Relationship: _____

**RETURN COMPLETED, SIGNED AND NOTARIZED FORM TO:
CLERK, SEMINOLE COUNTY CODE ENFORCEMENT
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771-1468**

