

City of DeFuniak Springs Code Enforcement Department Complaint Form

Property Location of Subject Complaint: _____

Driving Directions to Complaint Property: _____

Description of Complaint Property: _____

Complaint: _____

Alleged Violator: _____

Is this a rental property? _____

Your information: (if you would like to be contacted regarding the violation.)

Name: _____

Address: _____

Contact Phone: _____

Email Address: _____