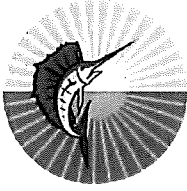


Aug 15 9:00 am



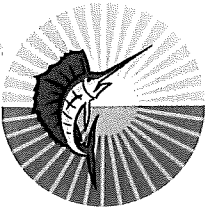
THE SUNRISE CITY  
**FORT PIERCE**  
 CODE ENFORCEMENT  
*Florida*

REQUEST FOR A REDUCTION OR RESCINDMENT OF  
 CODE ENFORCEMENT FINES (MASSEY CASE)

Date:	6-26-2018				
Property address:	909 Avenue I				
Owner(s) of record:	Albert Spears Jr. (Grandfather)				
Mailing address:	1009 Avenue I				
Property tax ID #:					
Original purchase date:			Original purchase price:		
Property is used for:	<input checked="" type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Albert Spears Jr.		Relationship to owner(s)	Self	
Telephone #:	772 940 6644		Mobile phone #:	772 940 3553	
E-mail:	elwimes@hotmail.com		Preferred contact method:	772 940.6644	
What are owner(s) intentions for property:	Remove back into <sup>home</sup> AS inspection with the Ship Program on 6-27-2018 for rehab by C.C. and move back into home				
Are there current code violations?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Explain: (please attached notice)		
Is property listed for sale?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is listing price?		
Is property under contract for sale?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, what is the sale price?		

AMOUNT OF FINE \$ 380.00  
 DOLLAR AMOUNT REQUESTING TO BE WAIVED \$ 380.00  
 DOLLAR AMOUNT I AGREE TO PAY \$ Ø

Elk Hodge Wines 6-26-2018 Elk Hodge Wines  
 Signature of Owner or Representative Date Printed Name  
*granddaddy*



**REQUEST FOR REDUCTION OF PENALTY**

By completing this form, you are making statements under oath. Failure to be truthful is a violation of Fort Pierce City Code and Florida Statutes pertaining to perjury, which is a felony punishable by up to fifteen (15) years imprisonment.

**INSTRUCTIONS:**

1. Please fill in blanks completely.
2. Be specific when writing your statement. Use additional pages if necessary.
3. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income).
4. Complete the appropriate application for lien reduction / rescindment.
5. For lot clearing or demolition liens, contact Kathy D'Arton in the Finance Department (772-467-3076) for cost / fees breakdown.
6. For code enforcement liens (those imposed by a Special Magistrate or Code Enforcement Board), contact Colleen Greer (772-467-3149) for cost / fees breakdown.
7. If you do not have access to a Notary Public, one will be provided to you by the Department at no charge. All forms must be signed in the presence of the Notary to be valid.
8. Return this form, the application and any other pertinent documentation to the Code Enforcement Department.
9. Requests for Reduction / Rescindment of code enforcement liens are governed by Rule 17 of the City's Rules & Regulation for Code Enforcement Board and Special Magistrate.

Property Address: 100 909 Avenue I

Property Owner: Albert Spears Jr.

Mailing Address: 1009 Avenue I

Telephone #: 772 940 6644 Cell Phone #: 772 940 3553

E-Mail Address: ewimes@hotmail.com

Is the property in compliance? Yes If no, please explain in the narrative of your request.

I, Albert Spear Sr / Ella Hodge, do hereby submit this Petition in request for a reduction in the total amount of the penalty imposed and in support offer the following statement:

Mr. Albert Spear Sr. retired from the City of Fort Pierce, only received \$1,100.00 dollars of retirement check and 210.00 monthly for another retirement to cover his monthly expenses due not have enough funds to pay this bill and ask the board please honor his request, because he not living there due to the storm damage and didn't understand why the board on the house needed be removed but now we understand due to the staff explain the reason why and after talking with them they was very helpful in this process. Thank you all for read this statement.

Date: 6-27-2018

Signed: Ella Hodge

Print Name: Ella Hodge

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Ella Hodge Wimes who acknowledged before me that the information contained herein is true and correct. He or She is / is not personally known to me and has produced us passport as identification.

SWORN TO AND SUBSCRIBED before me this 26th day of June, 2018.

Colleen Greer

Notary Public, State of Florida

