

RECEIVED

AUG 09 2019



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida

CITY OF FORT PIERCE
COMMUNITY RESPONSE
Code Enforcement
& Animal Control

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

Date:	8/9/19				
Property address:	516 means ct				
Owner(s) of record:	516 means ct				
Mailing address:	2221 N. 53rd St. FP 34946				
Property tax ID #:	2409-501-000/6				
Original purchase date:		Original purchase price:			
Property is used for:	<input type="checkbox"/> Single Family	<input type="checkbox"/> Multi-family	<input checked="" type="checkbox"/> Commercial	<input type="checkbox"/> Industrial	<input type="checkbox"/> Vacant Lot
Name of person requesting reduction:	Clarence Ingram		Relationship to owner(s)		
Telephone #:	772-216-1542		Mobile phone #:		
E-mail:	CLIngram54@msn.com		Preferred contact method:		
What are owner(s) intentions for property:					
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

\$ 2780.00

DOLLAR AMOUNT REQUESTING TO BE WAIVED

\$ 2780.00

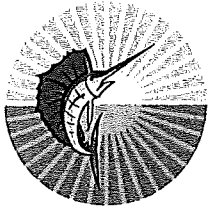
DOLLAR AMOUNT I AGREE TO PAY

\$ 0.00

Clarence Ingram
Signature of Owner or Representative

_____ Date

_____ Printed Name



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: 516 means Ct.

Property Owner: Clarence Ingram

Mailing Address: 2221 W. 53rd St. Fort Pierce FL 34946

Telephone #: _____ Cell Phone #: 772-216-1542

E-Mail Address: clingram54@gmail.com

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

I, Clarence Ingram, 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:

I Just Don't Have The money. IT
TAKE The more, That I get To Keep
The place In compliance.

Signed: Clarence Ingram

Date: _____

Print Name: Clarence Ingram

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Clarence L Ingram 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 FL DR License as identification.

SWORN TO AND SUBSCRIBED before me this 9th day of August, 2019.

Colleen Greer

Notary Public, State of Florida

