

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: 1218 Avenue E Fort Pierce, FL 34950
Property Owner: Khader Mohammed
Mailing Address: 4 Corbin Dr Exton, PA 19341
Telephone #: 4845461370 Cell Phone #: NA
E-Mail Address: NA

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

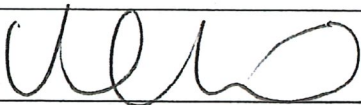
I, Vincent Marcellino, do hereby submit this Petition in request for a reduction in the total amount of the penalty imposed and in support offer the following statement:

I am requesting for all fines, liens and violations to be waived.

My goal, with your assistance is to develop projects improving the City of fort pierce with concentration on th Lincoln Park area.

Together we can accomplish great things bringing these areas to their fullest potential. Thank you in advance

Date: 3/24/2021

Signed: 

Print Name: Vincent Marcellino


STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority Vincent Marcellino 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 Drivers License as identification.

SWORN TO AND SUBSCRIBED before me this 24 day of March, 2021.




Notary Public, State of Florida