



### OWNER / REPRESENTATIVE REQUEST TO PROCESS APPLICATION

Property Address: 511 Dundas Ct., Ft Pierce, FL 34950

I acknowledge that I have been provided a copy of Rule 17 of the Rules of Procedure for the City of Fort Pierce Code Enforcement Board and Special Magistrates and that I have read the rules and being advised as such make the following request:

I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 17(h), I understand the requirements to be met and that I waive my right to a hearing before either the Special Magistrate or Code Enforcement Board.

I am requesting that my application for lien reduction be considered and a determination made by the City Commission of the City of Fort Pierce.

 Valeria A Thompson

12/29/21

Valeria A Thompson

Signature of Owner or Representative

Date

Printed Name

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**COFP – APPLICATION PROCESS DETERMINATION**

Staff has reviewed the request for lien reduction and agrees to process the application as requested by the signing party.

Staff has reviewed the request for lien reduction and do not agree to process the application as requested by the signing party. The matter will be placed before the City Commission for final determination.

Margaret M. Arruiz  
City Representative

1/12/22  
Date

Margaret M. Arruiz  
Printed Name



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



**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 Katherine Calderon (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: 511 Dundas Ct, Ft Pierce, FL 34950

Property Owner: Valeria A Thompson

Mailing Address: 382 Hubert BLVD P.O.BOX 224, Hubert North Carolina, 28539

Telephone #: 7723322109 Cell Phone #: \_\_\_\_\_

E-Mail Address: vatgirlthompson@yahoo.com

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

I, Valeria A Thompson, 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 Valeria Thompson is asking for forgiveness or removal of penalties and

Interest rates. I inquired about the liens by phone and in person in 2012

2016-2017 I filed bankruptcy and liens was not found. ( chapter 13).

The realtor look in books did not find them. 2021- November.

The title company did not find them until second search November- December

The addresses has been completely rearranged and confusing. I made

Attempts to started clearing my debts. Because of situation out of my

Control that has cause more penalties and interest. .

Date: 12/29/21

Signed:  Valeria A Thompson

Print Name: Valeria A Thompson

STATE OF FLORIDA

COUNTY OF ST. LUCIE

PERSONALLY APPEARED before me, the undersigned authority \_\_\_\_\_ 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 \_\_\_\_\_ as identification.

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of Florida