

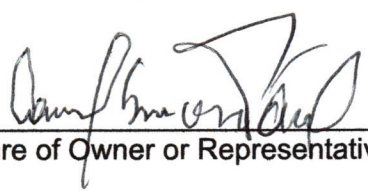
JAN 11 2022

CITY OF FORT PIERCE  
COMMUNITY RESPONSE  
Code Enforcement &  
Animal Control

**REQUEST FOR A REDUCTION OR RESCINDMENT OF  
CODE ENFORCEMENT FINES / LIENS**

Date:	01/10/22				
Property address:	121 n 12th st				
Owner(s) of record:	simon castor				
Mailing address:	207 dixieland dr fort pierce fl				
Property tax ID #:	2409 517 0021 000 1				
Original purchase date:	nov 2nd 2020	Original purchase price:	5,300.00		
Property is used for:	<input 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:	simon castor			Relationship to owner(s)	
Telephone #:	772 528 5202		Mobile phone #:	772 528 5202	
E-mail:	castors_ac@yahoo.com		Preferred contact method:	email	
What are owner(s) intentions for property:	building				
Amount of Lien:	3490		Date Fine Initiated:	n/a	
Are there current code violations?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Explain: (please attached notice) grass cutting		
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 / LIEN	\$ 3,490.00
DOLLAR AMOUNT REQUESTING TO BE WAIVED	\$ 2,890.00
DOLLAR AMOUNT I AGREE TO PAY	\$ 600.00

	01/10/22	simon castor
Signature of Owner or Representative	Date	Printed Name





RECEIVED

JAN 11 2022

CITY OF FORT PIERCE  
 COMMUNITY RESPONSE  
 Code Enforcement &  
 Animal Control

**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: 1810 Tucker Ct

Property Owner: Simon Castor

Mailing Address: 207 Dixieland Dr Fort Pierce Fl 34982

Telephone #: 772 528 5202 Cell Phone #: 772 528 5202

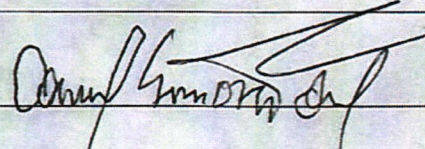
E-Mail Address: Castors\_ac@yahoo.com

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

I, Simon Castor, 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:

My money is tied up in the restoration of the site on 2108 Ave G; which I cannot sell before cleaning those liens on Tucker E. 12th St on that I am asking <sup>you</sup> to agree to my request for I cannot pay the amount impose by the City.

Date: 1/11/22

Signed: 

Print Name: Simon Castor

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