



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.

All requests for a reduction of a lien must comply with the following:

1. All code enforcement liens must be complied prior to the Department accepting the request.
2. The request must be made by the owner. If the request is made by any other interested party, written proof of permission to act on the owner's behalf must be provided.
3. You must provide a copy of your deed. If title was transferred via Special Warranty Deed or Warranty Deed, you are responsible for contacting the guaranteeing party to have the lien addressed.
4. Be specific when completing your statement. If you are claiming medical or financial hardship, attach supporting documentation (i.e. doctor's statement or proof of income). Use extra pages if necessary.
5. Complete the application form and attach to your request. Multiple applications may be submitted with each request.
6. An application fee of \$250.00 per request shall be applied when the request is finalized.
7. Requests for reduction of all liens imposed by the City of Fort Pierce are governed by Rule 15 of the City's Rules & Regulation for the Special Magistrate. A copy of the rule is attached to the application for your reference. A full copy of the Rules & Regulations can be found on the City's website or can be provided upon request.

Property Address: 705 Boston Ave, Ft Pierce, FL 34950

Parcel ID #: 2410-705-0013-000-3

Property Owner: Kathleen H. Ambridge

Mailing Address: 703 Florida Ave, Fort Pierce, FL 34950

Telephone #: 561-714-1160 Cell Phone #: (Same) 561-714-1160

E-Mail Address: teamambridge@gmail.com

Number of Applications: 1

REQUEST FOR REDUCTION OF PENALTY - STATEMENT

I, Kathleen H. Ambridge, do hereby affirm that I am the owner of the property identified on this request or have provided proof from the owner to act on his/her behalf. I submit this statement in request for a reduction of the penalty imposed and in support offer the following:

TD Bank owned the property when the infractions occurred. I was unaware of them until recently. More importantly this property has never had any violations the entire time I have owned it since 2015.

PLEASE INITIAL:



I acknowledge that I have been provided a copy of Rule 15 of the Rules of Procedure for the Special Magistrate.



I am requesting that my application for lien reduction be processed administratively through the Rules of Procedure Sec. 15(B). I understand the requirements to be met and that I waive my right to a hearing before the Special Magistrate.



I am requesting that my application for lien reduction be considered, and a determination made by the Special Magistrate

Signature:

Kathleen H. Ambridge

Date:

12-4-2024

FOR OFFICE USE ONLY:

RECEIVED DATE:

OWNERSHIP INFORMATION:

Copy of deed provided Proof of proxy YES / NO

REDUCTION TYPE:

Code lien # _____ Nuisance abatement lien # _____ Demolition lien # _____

REQUEST TYPE:

Fast Track Special Magistrate Review / Hearing date: _____



THE SUNRISE CITY
FORT PIERCE
CODE ENFORCEMENT
Florida


REDUCTION OF LIEN APPLICATION

A separate application must be submitted for each lien type.

When completing the application form, only complete the amounts due for the request type.

Date:	12-4-2024		
Property address:	705 Boston Ave, Ft Pierce, FL 34950		
Owner(s) of record:	Kathlein H Ambridge, Patricia Hoefling (deceased)		
Mailing address:	703 Florida Ave, Ft. Pierce, FL 34950		
Property tax ID #:	2410-705-0013-000-3		
Original purchase date:	4-10-2015	Original purchase price:	\$42,000
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:	Kathlein H. Ambridge	Relationship to owner(s)	owner
Telephone #:	561-714-1160	E-Mail:	teamambridge@gmail.com
Type of Lien	<input checked="" type="checkbox"/> Code Enforcement	<input type="checkbox"/> Lot Clearing / Nuisance abatement	<input type="checkbox"/> Demolition

TYPE OF FEE	AMOUNT DUE	AMOUNT OFFERED
Daily fine total (CODE LIENS ONLY)	\$ _____	\$ _____
Recording Fees	\$ _____	\$ _____
City incurred fees (MAY NOT BE REDUCED)	\$ _____	\$ _____
Administrative Fees	\$ _____	\$ _____
Interest	\$ _____	\$ _____
Penalties	\$ _____	\$ _____
TOTAL AMOUNT	\$ 15,440	\$ 1,540.00


 Signature of Owner or Representative 12-4-2024 Date Kathlein H. Ambridge Printed Name



THE SUNRISE CITY
FORT PIERCE
 CODE ENFORCEMENT
Florida

REQUEST BY RESPONDENT TO APPEAR BY TELEPHONE

- ✓ This form must be submitted at least 7 calendar days prior to the hearing.
- ✓ All fields must be completed for this request to be processed.
- ✓ The requesting party must submit a copy of their state-issued identification.

Case Information

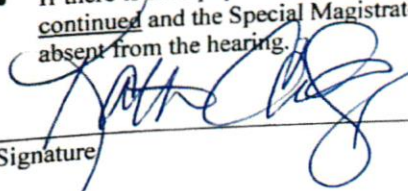
Case #	13-575	Respondent	Kathlein Ambridge
Property Address:	705 Boston Avenue, Ft Pierce, FL 34950		
Hearing Date:	1-15-2025	Hearing Time	

Requesting Party Information

Name:	Kathlein Ambridge		
Address:	703 Florida Avenue, Fort Pierce, FL 34950		
Phone #:	561-714-1160	Alternative Phone #	
E-Mail:	teamambridge@gmail.com		
Reason for Request*	I will be in Spain at the time of the hearing. Just in case the call does not go through, I will send a representative as well		

I understand that if this request is granted and I do not appear in person at the hearing:

- I must be available to receive a phone call on the date specified above and for the four (4) hour window beginning at the time specified above;
- It is my sole responsibility to email any evidence in support of my defense to the Department Clerk no later than 3 business days prior to the hearing;
- I assume the risk of prejudice that may result from failing to be present in person; and
- If there is an equipment failure on my part or if I fail to answer the call after two attempts, the proceeding will not be continued and the Special Magistrate will proceed with the hearing in its normal course, deeming the me to be willfully absent from the hearing.

Signature 

January 3, 2025
 Date

* A Respondent that is unable to attend a Special Magistrate hearing in person *due to either a serious personal issue or residing out of state*, proof of which must be provided, may request to attend the hearing telephonically. The Respondent must explain the need for a telephonic appearance in lieu of a request for a continuance which would allow the Respondent to appear in person or through an agent. Special Magistrate Rule 2.9(A), (B)(4).



NOTICE OF REPRESENTATION BY AGENT

Pursuant to Fort Pierce Special Magistrate Rule 2.2(C), any agent appearing on behalf of a Respondent shall complete this form and deliver it to the Department Clerk at or before the hearing. At the hearing, agents shall be sworn in and shall state on the record their name, their relationship to the Respondent, and that they are expressly authorized by the Respondent to speak on the Respondent's behalf.

This form MUST be signed by the Respondent.*

At the discretion of the Special Magistrate, the proceeding may be continued if the Agent does not have the Respondent's express consent to appear on their behalf.

Case Information

Respondent:	Kathlein Ambridge		
Property Address:	705 Boston Avenue		
Hearing Date:	1-15-2025	Case #	13-575

Agent's Information

Name:	Jackie Lynn Durham
Address:	706 S 8th Street, Fort Pierce, FL 34950
Phone #:	423-262-7892
E-Mail:	heycormier@yahho.com
Relationship to Respondent:	assistant

I, the Respondent subject to this Code Enforcement Action, authorize the above-named agent to appear on my behalf at the Fort Pierce Special Magistrate proceeding on January 15, 2025 (date of hearing).


 Respondent's Signature

January 3, 2025
 Date

*"Respondent means any owner, operator, responsible party, violator or alleged violator that is the subject of a code enforcement action." Special Magistrate Rule 1.5(M).

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