COLUMBIA COUNTY FLORIDA / CODE ENFORCEMENT
INTAKE FORM

Date Reported: _____

Complainant Name: _____
Complainant's Phone #: _____

- Contact Information listed above is for purposes to reach you for additional information regarding your complaint. Our office does not accept Anonymous Complaints.

Subject (Respondent): _____
Subjects (Respondent) Address: < One address per page ONLY / Must be an exact address >

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Complaint:_____
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Columbia County Code Enforcement
263 NW Lake City Ave
Lake City, FL 32055
386-758-1038