



Case #: 1049

CRAIGO GEORGIA MAE

Notice of Hearing: You are hereby summoned to appear before the Code Enforcement Board of Columbia County, Florida on **January 08, 2016 at 9:00 AM** at the at the **Columbia County Courthouse, 173 NE Hernando Avenue, Lake City, Florida 32055**. Evidence and testimony will be presented in the above-referenced case or cases. You have the right to examine all evidence, cross examine all witnesses, and present evidence and testimony on your behalf .

If you are a person with a disability who needs any accommodation in order to participate in this proceeding, you are entitled, at no cost to you, to the provision of certain assistance. Please contact Carrina Cooper, Court Administration, 173 NE Hernando Avenue, Room 408 Lake City, Florida 32055. Phone: 386-758-2163. Contact Court Administration at least 7 days before your scheduled court appearance, or immediately upon receiving this notification if the time before the scheduled appearance is less than 7 days; if you are hearing impaired call 711.

I hereby certify that I delivered the foregoing notice to (Name of Person and relationship):

Name: CRAIGO GEORGIA MAE **Relationship:** SELF

on date 01/08/2016 time being 9:00 AM by

☐ Personal Service:

☐ Certified Mail, return receipt requested

Gary Johnson

Print name of Code Inspector

Signature of Code Inspector



Columbia County Code Enforcement
P.O. Box Drawer 1529,
Lake City, FL. 32056-1529
Phone: 386-758-1038
Fax: 386-752-7125

Notice of Hearing

Case #: 1025

WATERS MARVYNE CARTER

Violator

Notice of Hearing: You are hereby summoned to appear before the Code Enforcement Board of Columbia County, Florida on **January 08, 2016 at 9:00 AM** at the at the **Columbia County Courthouse, 173 NE Hernando Avenue, Lake City, Florida 32055**. Evidence and testimony will be presented in the above-referenced case or cases. You have the right to examine all evidence, cross examine all witnesses, and present evidence and testimony on your behalf .

If you fail to appear at the hearing you may incur administrative costs up to \$250.00, together with additional fines of up to \$1,000.00 per day for any continuing violations as determined by the Special Magistrate. Costs and fines as ordered by the Special Magistrate are subject to enforcement through attachment of a lien upon the property at issue in the above-referenced case or cases.

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I hereby certify that I delivered the foregoing notice to (Name of Person and relationship):

Name: **WATERS MARVYNE
CARTER**

Relationship: **SELF**

on date **01/08/2016** time being **9:00 AM** by

☐ Personal Service:

☐ Certified Mail, return receipt requested

Gary Johnson

Print name of Code Inspector

Signature of Code Inspector



Columbia County Code Enforcement

P.O. Box Drawer 1529,
Lake City, FL. 32056-1529
Phone: 386-758-1038
Fax: 386-752-7125

Notice of Hearing

Case #: 1231

MCGINNIS LINDA SUE

Violator

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I hereby certify that I delivered the foregoing notice to (Name of Person and relationship):

Name: MCGINNIS LINDA SUE Relationship: SELF

on date 01/08/2016 time being 9:00 AM by

☐ Personal Service:

☐ Certified Mail, return receipt requested

Gary Johnson

Print name of Code Inspector

Signature of Code Inspector

Columbia County Code Enforcement

**P.O. Box Drawer 1529,
Lake City, FL. 32056-1529
Phone: 386-758-1038
Fax: 386-752-7125**

Notice of Hearing

Case #: 1126

MACK STEVE

Violator

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I hereby certify that I delivered the foregoing notice to (Name of Person and relationship):

Name: MACK STEVE **Relationship:** SELF

on date 01/08/2016 time being 9:00 AM by

☐ Personal Service:

☐ Certified Mail, return receipt requested

Gary Johnson

Print name of Code Inspector

Signature of Code Inspector



Columbia County Code Enforcement

P.O. Box Drawer 1529,
Lake City, FL. 32056-1529
Phone: 386-758-1038
Fax: 386-752-7125

Notice of Hearing

Case #: 1201

MAXWELL PATRICIA ANN

Violator

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I hereby certify that I delivered the foregoing notice to (Name of Person and relationship):

Name: MAXWELL PATRICIA ANN Relationship: SELF

on date 01/08/2016 time being 9:00 AM by

☐ Personal Service:

☐ Certified Mail, return receipt requested

Gary Johnson

Print name of Code Inspector

Signature of Code Inspector