

BROWARD COUNTY BOARD OF COUNTY COMMISSIONERS  
BUILDING AND PERMITTING DIVISION

MAIL TO: BROWARD COUNTY CENTRAL EXAMINING BOARD OF BROWARD COUNTY  
Government Center West, First Floor  
One N. University Drive  
Plantation, FL 33324

FROM: City of Tamarac Building Department  
6011 Nob Hill Road, Tamarac, FL 33321

\_\_\_\_\_  
(Type or Print your Name and Address) (Zip Code)  
954 597-3444  
\_\_\_\_\_  
(Area Code) (Telephone Number)

I hereby file a formal complaint against: \_\_\_\_\_  
(Contractor)

\_\_\_\_\_  
(Company Name) C/C #: \_\_\_\_\_

State briefly the complaint. Prior to filling out this portion, refer to reverse side of this sheet and indicate by number(s), the reason(s) for your complaint and explain. If more space is needed, attach additional sheets.

\_\_\_\_\_  
SIGNATURE

Please complete the following:

Type and date of activity:	_____ Yes	_____ No	DATED: _____ / _____ / _____	PERMIT #: _____
Was Permit issued:	_____ Yes	_____ No	DATED: _____ / _____ / _____	PERMIT #: _____
Was Contract Signed:	_____ Yes	_____ No	DATED: _____ / _____ / _____	PERMIT #: _____
Was payment made and date:	_____			

(Attach copies of ALL DOCUMENTATION such as contract, permit, check and any other data to substantiate your complaint.)

STATE OF FLORIDA

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me the

NOTARY PUBLIC  
SEAL OF OFFICE

\_\_\_\_\_  
[Name(s) of individual(s) who appeared before notary]  
and whose name(s) is/are subscribed to the within instrument, and  
he/she/they acknowledge that he/she/they executed it.  
WITNESS my hand and official seal:

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Name of Notary Public: Print, Stamp, or type as Commissioned)

Personally known to me, or

Produced identification: \_\_\_\_\_

Type of Identification

DID take an oath, or  DID NOT take an oath.