Osceola County

Office of Building Safety Complaint Form

- **All fields are required.** Incomplete forms cannot be processed.
- **Anonymous complaints are not permitted** in accordance with Florida Statutes § 162.
- **Public Records Notice:** All information you provide will become part of the public record and may be accessible to the public.

First and Last Name:_____

Street Address (include suite, lot and/or apt no.):_____

City:_____ State:_____ Zip Code:_____

Email:_____ Phone no.:_____

Complaint Information: If the address or location of complaint is located within a gated community you must provide code or access.

Street Address (Include suite, lot and/or apt no.):_____

City:_____ State:_____ Zip Code:_____

Description of Complaint: _____

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Attestation: I hereby affirm that the information provided in this complaint is true and correct to the best of my knowledge.

Signature:_____ Date:_____