

SEMINOLE COUNTY  
CODE ENFORCEMENT BOARD

CASE NO. 21-76-CRB | 21-77-CRB | 21-78-CRB

**REQUEST FOR REDUCTION/WAIVER OF LIEN**

BY COMPLETING THIS FORM, YOU ARE MAKING STATEMENTS UNDER OATH

THE PROPERTY MUST BE IN COMPLIANCE FOR CONSIDERATION

**INSTRUCTIONS:** Please fill out both pages of this form completely. Be specific when writing your statement. If you are claiming medical or financial hardship, attach supporting documentation (*i.e.*, a doctor's statement or proof of income). Please return this form to the Clerk to the Code Enforcement Board, along with a check made payable to the "BCC", for the non-refundable \$500.00 application fee. The *Request for Reduction/Waiver of Lien* will then be sent for review to verify that all criteria for consideration are met. Once it has been verified that your case meets all of the criteria, it will be scheduled for presentation to the Board of County Commissioners at their next regularly-scheduled hearing, or as soon thereafter as possible (this process can take 6 – 8 weeks). You will receive a letter advising of the date and time of the meeting; and you should plan to attend. You will be notified in writing of the Board's decision within 10 days after the hearing. If you have any questions, please call the Clerk at (407) 665-7403.

Property Owner's Name: Harry D Billsbrough

Property Address: 560 E 2nd Street, Chuluota, FL 32766

Daytime Phone Number: 407-366-3011

Is the property now in compliance? YES \_\_\_\_\_ NO X

(If No, explain in detail): I'm working on a plan

Are you requesting a reduction to the lien? YES X NO \_\_\_\_\_

If yes, the amount you would like it reduced to: \$0 plus admin cost

Are you claiming a financial hardship? YES X NO \_\_\_\_\_

If yes, please attach supporting documentation.

Are you claiming a medical hardship? YES X NO \_\_\_\_\_

If yes, please attach supporting documentation.

If the property owner is unable to complete this form, list the name of the person who is legally authorized to act for the property owner and his/her relationship to the property owner:

Name: N/A

Relationship: \_\_\_\_\_

RETURN COMPLETED, SIGNED AND NOTARIZED FORM TO:  
CLERK, SEMINOLE COUNTY CODE ENFORCEMENT  
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771-1468

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CODE ENFORCEMENT BOARD  
CASE NO. \_\_\_\_\_**

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I, Harry D Billsbrough, do hereby submit this form to request a reduction/waiver to the total amount of the lien imposed, and in support offer the following statement (attach additional pages if necessary):

I would like to explain how my house got in this situation, and I'm asking for your help fixing it. In the Navy I handled bromine cartridges for water purification on the ships. Exposure has been shown to cause organ damage and gastrointestinal problems. After getting out of the Navy I started having major problems and was eventually diagnosed with Crohns Disease. At 37 years old my intestine was bypassed and I've been on a colostomy bag. Since I turned 50 years old it has become a problem with daily tasks and has made it hard to hold a job. I hired a company to help me get V.A. Benefits, but that didn't pan out, although I did get my Tri-care insurance, which helped me when I was recently in the hospital for a week. I am starting over with a new company to try again. (see next page)

Date: Nov 22, 2024

Signed: Harry D Billsbrough

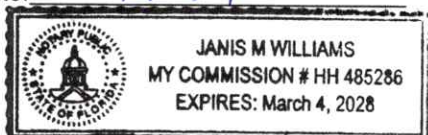
Print Name: Harry D Billsbrough

STATE OF Florida

COUNTY OF Seminole

PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, Harry David Billsbrough, who after first being duly sworn, acknowledged before me that the information contained herein is true and correct. He/she is not personally known to me and has produced Driver's License as identification and did take an oath.

Date: 11-22-24



Janis Marie Williams  
Notary Public

My commission expires: March 4, 2028

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I've tried getting different jobs but it's been challenging with my medical issues and military and tech training is now outdated. Also my financial issues now may make it hard to get my security clearance.

I currently don't have any reliable source of income, In February I will be able to apply for 98% of my Social Security.

I have had a challenge keeping up with the house maintenance because of my physical limitations. I never wanted it to get like this. I'm ready to put this behind me and move into a place where I can get back to a normal life.

SEMINOLE COUNTY GOVERNMENT  
\*\*\* CUSTOMER RECEIPT \*\*\*

Batch ID: DRAB01                      11/25/24 00                      Receipt no: 329795

Type	SvcCd	Description	Amount
LB		C. E. COUNTER PAYMENT	
	Qty	1.00	\$500.00

T TOLBERT & A TOLBERT  
Trans number:                                              10232821  
21-76-CEB  
21-77-CEB  
21-78-CEB  
REQUEST FOR REDUCTION  
HARRY BILLSBROUGH CASES

Tender detail  
CK Ref#:                      2745                      \$500.00  
Total tendered:                      \$500.00  
Total payment:                      \$500.00  
  
Trans date: 11/25/24                      Time: 9:21:34

THANK YOU FOR YOUR PAYMENT