# SEMINOLE COUNTY
# CODE ENFORCEMENT BOARD
**CASE NO.** 19-112-CEB
19-113-CEB

# 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: Miguel A Leon

Property Address: 1208 Helen St Apopka FL 32703

Daytime Phone Number: L 3214397838

**Is the property now in compliance?** YES ✓ NO _____

(If No, explain in detail): _____

**Are you requesting a reduction to the lien?** YES ✓ NO _____

If yes, the amount you would like it reduced to: $ 0

**Are you claiming a financial hardship?** YES ✓ NO _____
If yes, please attach supporting documentation.

**Are you claiming a medical hardship?** YES ✓ 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: Esther Helten

Relationship: daughter power of Atorny

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

I, miguel a leon, 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):

we only have enoke money to pay are monly express for mogge and power bill

This house was invaided by Tommy leon. we try to get to move all thing in this proptey we got him evetied ~~ag~~ cather maria leon grand mother paway we found out About code enforment in April. we have Cleanet. we have no financial way to cover his expenness. he has no way to pay it or US. he is miguel leon. Suffer gout and Cancer Bladder.

Date: Dec. 9. 2024 Signed: Esther Helton

Print Name: Esther Helton

STATE OF Florida )
COUNTY OF Seminole )

PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, Esther Helton, 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 FL DL as identification and did take an oath.

Date: 12/9/24

Notary Public

My commission expires: March 11, 2028

ALEXIS BRIGNONI
Commission # HH 502738
Expires March 11, 2028

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And we have Document. from the BR.
Please see attached Document.