

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 Aleon

Property Address: 1208 Helen St Apopka FL 32703

Daytime Phone Number: 407 321 4397838

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 Helen

Relationship: daughter power of Attorney

RETURN COMPLETED, SIGNED AND NOTARIZED FORM TO:

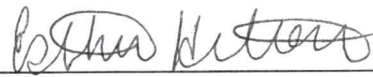
CLERK, SEMINOLE COUNTY CODE ENFORCEMENT
1101 EAST FIRST STREET, SANFORD, FLORIDA 32771-1468

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 enche money to pay
are monly expereSS for morgage 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
noo after maria leon grand mother away
we found out About code enformant in
April. we have Clean etc. we have no
financial way to cover his expenness.
we has no way to pay it or US. he is miguel
leon. Suffer quot e and Cancer Bladder.

Date: dec. 9. 2024

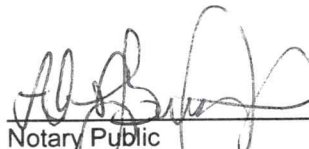
Signed: 

Print Name: Esther Helton

STATE OF Florida)
COUNTY OF Seminole)

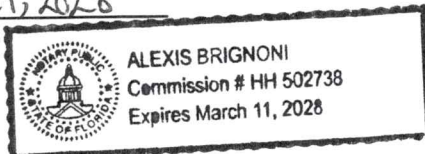
PERSONALLY appeared before me, the undersigned authority duly authorized to administer oaths and take acknowledgments, Esther Helton, who after first being duly sworn, acknowledged before me that the information contained herein is true and correct. He/she is not personally known to me and has produced FL DL as identification and did take an oath.

Date: 12/9/24


Notary Public

My commission expires: March 11, 2028

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and we have Document. For the DR.
Please See Attached Document.