



City of Haines City

Code Compliance Division
35400 U. S. Highway 27 • Haines City, FL 33844
Phone (863) 421-9937 • Fax (863) 354-6619

Application for Request to be Heard

All information fields must be completed before this application can be processed. Requests are not reviewed by The City or presented before The Special Magistrate until this application has been completed.

CONTACT INFORMATION		
APPLICANT'S NAME: Dominick Tamborra		
PHONE: 3215880686	FAX:	E-MAIL: domtambora@yahoo.com
MAILING ADDRESS: 713 Brooklet DR		
CITY: Davenport	STATE: FL	ZIP CODE: 33837
ADDRESS TO SEND DOCUMENTS TO: 713 Brooklet DR		
CITY: Davenport	STATE: FL	ZIP CODE: 33837
AUTHORIZED REPRESENTATIVE'S NAME: Dominick Tamborra		
WRITTEN AND NOTARIZED AUTHORIZATION OWNER: Yes x No		
CASE INFORMATION		
NAME OF WATER ACCOUNT: Haines City		
ADDRESS OF VIOLATION: 713 Brooklet Dr Davenport FL 33837		
WATER ACCOUNT NUMBER: 66150		
NAME OF CURRENT OWNER OF ADDRESS: Dominick Tamborra		
RELATION OF PERSON REQUESTING HEARING TO OWNER: Owner		
OTHER PROPERTY LOCATED IN HAINES CITY WHICH BELONGS TO CURRENT OWNER: <p style="text-align: center;">N/A</p>		
WHO LIVED AT LIEN ADDRESS WHEN VIOLATIONS OCCURRED? <p>Domnick Tamborra</p>		
REASONS VIOLATION(S) NOT CORRECTED BEFOR:		
WHAT IS THE REASON YOU ARE REQUESTING A HEARING? <input type="checkbox"/>		
Would like to explain the details and reasons . Would like to ask about Questions regarding situation and events		

Application for Reduction of Code Compliance Fine(s) and Release of Lien(s)

Has the applicant previously applied for request of hearing?
If yes, when? _____ (month & year)

Yes No

Applicant is requesting the below lien(s) be:
(Check all that apply)

- Release Completely
- Reduced
- Released from the Property located at _____ only.
- Other _____

Applicant's Request	
Amount of Fine	Date/Month Certified
\$ 50	1/29/25
\$	
\$	
\$	
\$	

Under penalty of perjury Florida Statute 837.02 (1), the undersigned swears or affirms that the information provided on this three (3) page Application for Reduction of Fine(s) is true and correct.

[Signature]
Applicant's Signature

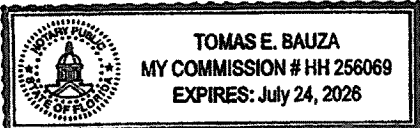
1/31/2025
Date

State of Florida
City of Haines City

The foregoing was sworn to and subscribed before me this 31 day of 01, 2025, by Dominick Robert Tamborra He or she is personally known to me, or provided FIDC as identification and did appear before me at the time of notarization.

(Affix Notary Stamp)

Notary Public: [Signature]
Signature: _____
Printed Name: Tomas Bauza
My Commission Expires: July 24, 2026



For City of Haines City Use Only

Application Accepted on: February 3rd, 2025 Total _____

Amount of Fine(s): \$ 50.00 Total _____

Reduction Approved by The City: \$ _____

Other: Hearing February 26, 2025 8:45am

Commissioner Chamber, 620 E. Main St. Haines City, FL