



Florida Property Management Solutions, Inc.
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DECLARATION ENFORCEMENT COMMITTEE
HEARING / MODIFICATION REQUEST & RESOLUTION SHEET

OWNERS NAME:
OWNERS TELEPHONE:
OWNERS EMAIL:

TENANTS NAME:
PROPERTY ADDRESS:
TELEPHONE:
EMAIL:

VIOLATION ISSUE DATE:
NATURE OF VIOLATION:

HAS THIS VIOLATION BEEN CORRECTED? YES / NO
IF YES, ATTACH PICTURE (if applicable) WITH REQUEST FORM AND STATE DATE OF COMPLIANCE:

REASON FOR HEARING & DESIRED RESOLUTION:

SIGNATURE: DATE SUBMITTED:
PRINT NAME:

** YOU MAY CONTINUE TO WRITE ON THE BACK SHOULD YOU NEED MORE SPACE / DO NOT WRITE BELOW THIS LINE **

HEARING DATE & TIME ASSIGNED:

RESOLUTION OF VIOLATION:

DEC COMMITTEE RECCOMENDATION TO THE BOARD (ie: fine, variance, no enforcement, extension, etc.)

Committee Member Printed Name
Committee Authorized Signatory