



CITY OF OCALA
CODE ENFORCEMENT DIVISION
201 SE 3RD STREET, 2ND FLOOR, OCALA, FL 34471
352-629-8309

REQUEST FOR REDUCTION OR WAIVER OF CODE ENFORCEMENT FINES / LIENS

By completing this form, you are making statements under oath. Failure to be truthful is a violation of the City of Ocala code section 1-9, and Florida Statutes pertaining to perjury, which is a felony punishable by up to 15 years imprisonment.

INSTRUCTIONS: Please review and complete all pages of this form. Be specific when writing your statement. Return this form to the Code Enforcement Specialists. The Petition will then be presented in a hearing. If you have any questions, please call the Code Enforcement Specialists at 352-629-8309.

Case Number(s): 2020-5885, 2019-2182, COM15-1502, COM14-1934, COM14-0222, COM13-0023, COM08-0546
Property Owner's Name: Robert & Shannon Robinson
Property Address: 2345 NW 10th Street Ocala, FL
Phone Number(s): (352) 229-1889
Email: borco71@yahoo.com

This section to be completed by City Staff:

- | | |
|---|---------------------------------------|
| 1. Hard Cost(s) remaining in case: | \$ <u>17,066.67</u> |
| 2. Fine(s) remaining in case: | \$ <u>226,400</u> |
| 3. Costs already paid(circle whether towards hard costs or fine): | \$ <u>0.00</u> (Hard Costs/Fine/Both) |
| 4. Staff recommendation (Reduced Fine(s) + Hard Cost(s)): | \$ <u>24,346.67</u> |

IF YOU DO NOT OWN THE PROPERTY COVERED BY THIS PETITION, YOU MUST INCLUDE A NOTARIZED LETTER OF AUTHORIZATION FROM THE REGISTERED PROPERTY OWNER TO ESTABLISH STANDING IN THE CASE.

YOU MAY ATTEND THE HEARING. HOWEVER, YOU ARE NOT REQUIRED TO ATTEND, OR ADDRESS THE SPECIAL MAGISTRATE IN-PERSON, CONCERNING THIS REQUEST FOR REHEARING. MAKE CERTAIN THIS FORM AND STATEMENTS SET FORTH YOUR POSITION. IT IS YOUR RESPONSIBILITY TO FOLLOW-UP ON THIS REQUEST BY CONTACTING THE CODE ENFORCEMENT DIVISION AFTER THE HEARING.

I, Robert Robinson, hereby submit this Petition to request a reduction in the total amount of penalty imposed, and in support of this request offer the following statement:

(REFER TO TESTIMONY IN HEARING)

Attach additional pages if required to completely state your request.

Signature of Owner or Representative

05/13/2026
Date

-----FOR CODE ENFORCEMENT BOARD/ SPECIAL MAGISTRATE USE BELOW THIS LINE-----

ORDER:

THE REQUEST FOR A REDUCTION OF FINES IS GRANTED PROVIDED THE SUM OF \$ _____ IS PAID ON OR BEFORE _____, IN WHICH CASE THE FINES SHALL BE REDUCED ACCORDINGLY TO THE SAME AMOUNT.

*****FAILURE TO PAY THE REDUCED AMOUNT IN FULL BY THE PAYMENT DUE DATE SHALL RESULT IN THE FINE/ LIEN DEFAULTING TO/REMAINING AS THE ORIGINAL AMOUNT OWED, MINUS ANY PAYMENTS MADE TOWARDS THAT AMOUNT PRIOR TO THE PAYMENT DUE DATE**

THE REQUEST FOR A REDUCTION OF THE FINES IS DENIED.

DONE AND ORDERED this ____ day of _____ 2026.

CODE ENFORCEMENT SPECIAL MAGISTRATE
OCALA, FLORIDA

Ryan C. Fong
Code Enforcement Special Magistrate

MUNICIPAL CODE ENFORCEMENT BOARD
OCALA, FLORIDA

Kevin Steiner, Vice Chair
Municipal Code Enforcement Board