

**HERNANDO COUNTY DEVELOPMENT DEPT.
CONTRACTOR CERTIFICATION
SERVICE REQUEST**

In order to better serve you and adequately investigate your request, please assist us by reading this information sheet carefully and provide as much information as you can on the attached form.

THE STATE OF FLORIDA NOW HAS SPECIFIC REQUIREMENTS YOU MUST FOLLOW BEFORE YOU FILE FOR ASSISTANCE FROM THIS DEPARTMENT.

*****PLEASE REFER TO FLORIDA STATUES 558.001 AS ATTACHED***
FLORIDA'S RIGHT TO CURE LAW**

Section 95.11 (3)(c), F. S. provides a four year statute of limitations. Contractor Licensing will not accept Service Requests regarding work done beyond that time span.

If your request cannot be processed by this office due to lack of jurisdiction, it will be closed without action and you will be notified of such.

If your request is not resolved by your contractor and is deemed a violation of law it will be processed as an "Administrative Complaint" against the contractor(s) involved and/or responsible "Administrative Complaints" are those which rise to a threshold requiring disciplinary action. Such disciplinary action will be acted upon pursuant to the development of an investigative report prepared by this office after the completion of a full fact gathering process.

If your request results in a "Administrative Complaint" you will be notified of any action taken and may be called to testify at any legal proceedings as a result.

Be advised contract disputes not involving willful or intentional code violation are civil issues. Civil remedies are based upon a breach of contract rather than violations of regulatory statues. Therefore, we urge you to consult an attorney regarding your potential remedies in the civil courts.

You are further advised an investigation of your request may require a significant amount of time and effort. We cannot Guarantee swift resolution to your problem. However, we will endeavor to seek amicable resolution as soon as possible.

**HERNANDO COUNTY DEVELOPMENT DEPT.
SERVICE REQUEST
789 Providence Blvd.
Brooksville, Florida 34061
352-754-4050**

PLEASE TYPE OR PRINT

Your Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work Phone: (____) _____

Contractors Name (if known): _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ Work Phone:(____) _____

3. Nature of Deficiencies:

4. What attempts have been made to resolve the deficiencies in accordance with F. S. 558.001?

Please give full details. Please attach copies of bills, documents, records, correspondence and/or contracts.

5. Have you attached all copies of payments, checks, money orders, contracts, correspondence and photos?

Yes _____ No _____

Florida Statutes 837.06, False Official Statements: Whomever knowingly makes a false statement in writing with the intent to mislead a public servant in the performance of his/her official duty, shall be guilty of a misdemeanor of the second degree.

Requester Signature: _____ **Date:** _____

State of _____

County of _____

This foregoing instrument was acknowledge before me this _____ day of _____, _____, by _____ who is (____) personally know to me, or who (____) has produced _____ as identification.

Signature of Notary Public

Print/Stamp Name of Notary

My Commission Expires: _____