

**CITY OF MARGATE**  
**SPECIAL MAGISTRATE**  
**APPLICATION/REQUEST FOR REDUCTION OF FINE**

DATE: \_\_\_\_\_

CASE NO: \_\_\_\_\_

NAME OF RESPONDENT: \_\_\_\_\_

Applicant/Property Owner Name: \_\_\_\_\_

Applicant/Property Owner Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

\_\_\_\_\_  
*Name and address of person completing the application if different from the applicant:*

Name of Attorney: \_\_\_\_\_

*(if applicable)*

Address of Attorney: \_\_\_\_\_

*(if applicable)*

Phone Number: \_\_\_\_\_ E-mail address: \_\_\_\_\_

**Address of Property:** \_\_\_\_\_ **Folio #** \_\_\_\_\_

**Nature of Violation:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

I, \_\_\_\_\_ do hereby submit this Petition in request for a Reduction of Fine and offer the following statement and documentation to support the request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF APPLICANT OR ATTORNEY

**INSTRUCTIONS:** Please complete the form and be specific when writing your statement. This is the basis of your petition. **If there are multiple violations, a separate form is required for each violation. Kindly return the completed ORIGINAL form to the Clerk to the Special Magistrate at 5790 Margate Boulevard Margate FL 33063 at least ten (10) days prior to the hearing date** to be scheduled on the next available docket.

**THE PROPERTY OWNER/APPLICANT/ATTORNEY MUST BE AT THE HEARING FOR THE CASE TO BE HEARD.**