



GARLAND

CODE COMPLIANCE

Work Order Abatement Dispute Form

(Please Print)

Full Name: _____

Date: _____

Email Address: _____

Phone Number: _____

Address: _____

Cell Number: _____

City, State, Zip: _____

Invoice Number: _____

Address of Property where abatement occurred:

Invoice Due Date: _____

Please make sure your invoice is paid by the original due date regardless of the status of your claim to avoid any liens, filing fees, and interest for any unpaid balance. In the event of a valid claim, you will be reimbursed for any funds due. Please allow at least 10 business days after receipt for review of request. You will be notified via email *or* phone call of the status of your request.

Please Provide a Brief Explanation for Credit Request.

Signature

Date

Mail or fax to:

Code Compliance
210 Carver, Suite 101
Garland, TX. 75040
Fax Number: 972-485-6429

210 Carver, Suite 101
Garland, Texas 75040
972-485-6400

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