



**TOWN OF MIAMI LAKES
PLANNING, ZONING, AND CODE COMPLIANCE**

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WARNING OF VIOLATION (WOV) EXTENSION REQUEST

Date: _____

Case No: _____

Name: _____

Address of violation: _____

Check if applicable:

Owner

Tenant

Contractor

Legal representative

Other: _____

Reason for extension request:

Extension date requested: _____

Signature: _____

FOR OFFICIAL USE ONLY

Date: _____

Approved by: _____

Signature: _____

Extension date granted: _____

Expiration: _____