

July 31, 2023

Doris Martin
a/k/a Doris Martin Life Estate
1411 SE 41st Avenue
Gainesville, FL 32641

Via Certified Mail and U.S. Mail

Debora Lynn Martin
1411 SE 41st Avenue
Gainesville, FL 32641

Lance Edward Martin
1411 SE 41st Avenue
Gainesville, FL 32641

RE: NUISANCE ABATEMENT, *Alachua County v. Doris Martin*, Case No: CEB16-011
Subject Property: 1411 SE 41st Avenue, Gainesville, FL, Parcel No. 16258-004-00

As you were previously notified, the above-described property was in violation of the Alachua County Code (Code Case #CEB16-011) and was found by Alachua County to be public nuisance. The County followed its process for Nuisance Abatement. The County and its contractors caused the nuisance conditions to be remediated. This remedy was done at the expense of the owner of the subject property and any additional responsible person. The County has determined the expense incurred in remedying the condition and enclosed is an invoice for expense due in the amount of \$10,000. You have 90 calendar days from the date of this letter to remit payment for the invoice to Alachua County. A check may be made payable to *Alachua County Board of County Commissioners* and delivered by mail or in person to Alachua County Code Administration, 12 SE 1st Street, 1st Floor, Gainesville, Florida 32601.

If payment is not timely made, the Board of County Commissioners will be notified at a public meeting and the Board may authorize the levying of a non-ad valorem special assessment of the subject property for the unpaid costs incurred by the County in abating the nuisance. Any non-ad valorem special assessment levied is equal in dignity with a lien for ad valorem taxes, provided, however, that no such non-ad valorem assessment may become effective until the procedure for levying non-ad valorem assessments is satisfied. If publication is necessary, the cost of such publication may be added to the amount of such assessment.

Thank you for attention to this matter.

Sincerely,



Katharine P. Bruning
Code Administration

Enclosure

Alachua County v. Doris Martin, Case No: CEB16-011

COLLECTION AND DEBT NOTICE
Fair Debt Collection Practices Act

AMOUNT OF DEBT & AMOUNT DUE: \$10,000

Account Number: N/A

Name of creditor to who money is owed:
Alachua County Board of County Commissioners
12 SE 1st Street, Gainesville, FL 32601

This letter may be found to be a collection of a debt by collector, Alachua County and its Alachua County Board of County Commissioners, who is the original and current creditor. Unless you, as the consumer, within thirty (30) days after receipt of this notice, disputes the validity of the debt, or any portion thereof, the debt will be assumed to be valid by the debt collector. If the consumer notifies the above named collector in writing to the address above, within the thirty (30) day period that the debt, or any portion thereof, is disputed, the collector will obtain verification of the debt or a copy of a judgment against the consumer and a copy of such verification or judgment will be mailed to the consumer by the debt collector.

Please remit payment to:

Alachua County Board of County Commissioners
Attn: Alachua County Code Administration
12 SE 1st Street
Gainesville, FL 32601

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Clare</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Doris Martin a/k/a Doris Martin Life Estate 1411 SE 41 st Avenue Gainesville, FL 32641		8/2/23
2. Article Number (Transfer from service label) 7019 1120 0001 3288 7477	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt		

PS Form 3811, July 2020 PSN 7530-02-000-9053

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Clare</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Debora Lynn Martin 1411 SE 41 st Avenue Gainesville, FL 32641		8/2/23
2. Article Number (Transfer from service label) 7019 1120 0001 3288 7491	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Domestic Return Receipt		

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1. Article Addressed to:	B. Received by (Printed Name)	C. Date of Delivery
Lance Edward Martin 1411 SE 41 st Avenue Gainesville, FL 32641		8/2/23
2. Article Number (Transfer from service label) 7019 1120 0001 3288 7484	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
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