PROPERTY OWNER(S) COMPLAINT FORM

In order to handle any Property Owner(s) complaints of disruptive situations concerning Indian Rocks, property owners, or guests the information found below must be completed. If you are not willing to sign this complaint, the complaint will not be acted upon and considered not severe enough for the board to get involved.

PERSON MAKING COMPLAINT __________________________________________________________

ADDRESS _______________________________________________________________________

INDIAN ROCKS LOT# AND ROAD NAME ______________________________________________

PHONE ______________________ INDIAN ROCKS PHONE (if applicable) __________________

Please give a date and approximate time the incident occurred, description of the incident, the names, if known, of all parties involved and the location of the incident.

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
The action taken regarding this incident is as follows:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

COMMUNITY MANAGER

DATE