CHOCTAW LAKE PROPERTY OWNERS ASSOCIATION

COMPLAINT FORM
(THIS FORM MUST BE SIGNED)

TYPE OF COMPLAINT (pets, noise, etc.):_____

_____

_____

LOCATION:_____

_____

NUMBER OF OCCURRENCES:_____

DATE(S) OF OCCURRENCE(S):_____

TIME(S) OF OCCURRENCE(S):_____

NAME(S) OF OFFENDER(S) (if known):_____

_____

DETAILS (please be specific):_____

_____

_____

_____

_____

_____

WAS ANY ATTEMPT MADE TO RESOLVE THIS MATTER: YES____ NO____

PLEASE EXPLAIN:_____

_____

_____

_____

_____

NAME (signature):_____ RECEIVED BY ASSOCIATION:

NAME (please print):_____ _____

ADDRESS:_____ DATE:_____

DISPOSITION:_____

_____

_____

_____

_____

_____

BY:_____ DATE:_____