

The Bluffs Homeowners' Association

Covenant Compliance Committee Issue or Concern

Initiator Name: _____ Date: _____
Address: _____ Phone: _____

Nature of issue or concern (please describe the event and participants in as much detail as possible)

Have you discussed this with your neighbors? Yes _____ No _____

Current/past attempts to resolve the issue: _____

Issue or Concern received by: _____ Date: _____

CCC Action (findings/date): _____

Board Action (decision/date): _____

Initiator informed of decision (date): _____
