

Co-Owner Concern Form

Date _____ Time _____

Name (complainant) _____ Unit Number _____

Address _____ Phone # _____

Concern:

If a neighbor: Name _____ Unit Number _____

Address _____ Phone # _____

Specific details of concern (be specific as possible)

Immediate action required? Why? _____

Other issues: Parking Pet Unsightly yard Maintenance

Exterior violation Snow removal Lawn Security Other

Following to be completed by HLCA management staff

Concern taken by: _____ Date _____

Applicable Association Authority _____

Master Deed By Laws I By Laws II Co-Owner Manual

Verified by: _____ Date _____

Action taken: _____
