LEISURE LAKE

CO-OWNER COMPLAINT FORM

DATE:_____

TIME:_____

LOCATION:_____

INCIDENT: (WHO WAS INVOLVED AND WHAT TOOK PLACE)

_____

_____

_____

_____

_____

_____

_____

_____

SIGNATURE OF MEMBER FILING REPORT: _____

LOT NUMBER:_____

BOARD RESPONSE: _____

_____

_____

_____

_____

_____

_____ _____

SIGNATURE OF BOARD REPRESENTATIVE DATE:

ACTION TAKEN:

_____

_____

_____

_____

_____ _____

SIGNATURE OF OFFICE REPRESENTATIVE DATE: