## **Timber Ridge Homeowners Association Complaint Form**

This form must be signed and dated by the complainant to be processed.

Date:/	_			
Complainant Informatio	n: (Association mem	ber filing complain	nt)	
Name:				
Address:				
Phone:				
Defendant Information:	(Alleged violator)			
Name:				
Address:				
Phone:				
Violation: (State the spec Please provide details su be obtained from a mem	ch as the what, whe	n, and where. A co	py of the Covena	nts and Restrictions may

Witness: Name, Address, and Phone					
Signature of the Complainant and Date:					
	/				

## Please submit the completed form to:

Timber Ridge HOA Sergeant at Arms P.O. Box 524 Goshen, OH 45122

Or send this as an attachment in an email to: Board@TimberRidgeLoveland.org