

CODE ENFORCEMENT COMPLAINT FORM

Attention: Architectural Control Committee (ACC)

Date: _____
Your Name: _____
Address: _____
Phone: _____ E-mail: _____

Location of Violation

Street Address _____

Nature of Violation: _____

☐ Check here if you would like an ACC committee member to contact you.

Please be as detailed as possible. By providing your name, address and telephone number, you assure the complaint is being filed by a valid resident of our community.

Your Homeowners Association enforces Codes, Covenants and Restrictions (CC&R's). These violations are private matters between the ACC and the party involved. Your signature is required to validate this complaint. It is not divulged.

Signature: _____

HOA use only Case number assigned _____

Date Received _____ Date Investigated _____ Date Re-inspected _____

Action Taken _____

Property occupied (yes) (no) Owner Renter Lease Agreement Single Family? Abandoned (yes) (no)

Supporting documents / photos (yes) (no) Number of previous complaints on this home _____

Signature of Inspecting Committee Member _____

Phoned In: _____