

FLAGSTAFF MEADOWS POA

COMPLAINT FORM

First and Last Name of person who observed the violation:

Lot number or address of person who observed the violation:

Lot number and/or person allegedly in violation of the Association's governing documents:

Date(s) the violation occurred:

Nature of the violation:

Are you sending supporting evidence along with this form?

No Yes Evidence: _____

The person complaining of the alleged violation must state their first and last name and this information *may* be shared with the party who is accused of the violation.

Signature of Observer: _____ Date: _____

cc: Lot Owner file

REV 6/8/16