



Camella Lipa Homeowners' Association, Inc.
 Brgy. Tibig, Lipa City Batangas
 HLURB Reg. No. 15447 • TIN No. 420-931-299-000
 Official Website: <https://camellalipahoa.com>
 Contact No.: +639171364374; Email: hoaofficial@camellalipahoa.com

DATE FILED: _____

REFERENCE NO.: _____

CUSTOMER ACTION FORM

TO COMPLETED BY THE COMPLAINANT:

NAME: _____ **CONTACT NO.:** _____
ADDRESS: _____ **Date occurrence of concern:** _____

Kindly check [] appropriate boxes, or where relevant, specify the location and details:

- A. DEVELOPER:**
 Leak Crack Clogged Paint Electrical Fixtures Bathroom Fixtures Door Window Roof
 Flooring Others _____

LOCATION AND DETAILS: _____

- B. CLHOAI MANAGEMENT:**
 Garbage Collection Grass Cutting Tree Trimming Amnesties Maintenance Construction Debris Street Light
 Stray animals/Complains on neighbor's pets Subdivision Rules Others _____

LOCATION AND DETAILS: _____

- C. UTILITY PROVIDER:**
NAME OF PROVIDER: _____
 Quality Leak Meter Billing No Connection/No power Supply/availability Schedule e.g. visit/installation/treatment
 Others _____

LOCATION AND DETAILS: _____

D. OTHERS: _____

LOCATION AND DETAILS: _____

 (Complainant's Signature over Printed Name)

TO COMPLETED BY THE CLHOAI OFFICE:

1. CONCERN/S BY HOMEOWNER INITIALLY FORWARDED AT CLHOAI OFFICE THROUGH:
 Verbal Advice (eg phone call etc) Written Advice (eg email, text, CAF etc) Others:

2. ACTION TAKEN WITHIN 24 HRS.:
 Endorse to concern party Coordinated with outsourced services or HO Conducted immediate repair
 Conducted inspection Other action: _____

3. PARTICULARS:
 Concerned Company/Entity: _____
 Date forwarded to representative: _____ Name & Sig. of Representative: _____
 Details of initial action taken: _____
 Commitment Date of resolution: _____ Follow Up Status: _____

REMARKS: _____ **Date Resolved:** _____

ACTION/S DONE BY: _____

VALIDATE BY:

 (CLHOAI Pres/BODs)

 (CLHOAI Office)
 Signature over printed name