Timber Ridge Homeowners Association Complaint Form

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

Date:	
Complainant Information: (Association member filing complain	nt)
Name:	
Address:	
Phone:	
Defendant Information:	
(Alleged violator) Name:	
Address:	
Phone:	
Violation: State the specific rule or regulation from the Covenant was violated. Please provide details such as what, when, and we Covenants and Restrictions may be obtained from a member of website TimberRidgeHOAofficial@gmail.com	where. A copy of the of the board or from our
Witness: name, address and phone number	
Signature of the Complaint and	
Date:	//

Please submit the completed form to: Timber Ridge HOA P.O. Box 524 Goshen, OH 45122 Or send this as an attachment in an email to: TimberRidgeHOAofficial@gmail.com