Northwood Lakes Condominium Association
Complaint Form
THIS FORM MUST BE SIGNED

Nature of Complaint:_____

_____

Location:_____

Number of Occurrences:_____

Date(s) of Violation:_____

Time(s) of Violation:_____

Name of Offender (If Known):_____

Details. Be Specific Please:_____

_____

_____

_____

_____

Was any attempt made to resolve this problem? _____ Yes _____ No

If "Yes", what were the results?_____

_____

_____

_____

_____ _____
Name (Please Print) Date

_____ _____
Signature Your Address

Received by Association:_____ _____
Date Director

Disposition:_____

_____