

HOMEOWNERS ASSISTANCE INCIDENT REPORT REQUEST

Date: _____ Lot Number: _____ Service/Incident: _____

Register Owner: _____ Phone Number: _____

Email Address: _____

Paid HOA Dues: (y/n) Occupants (if in question): _____

Pets: (if in question): _____ Prospectus Date: _____

DETAILS: (include times and dates/ specific issues from park owner, or special needs from HOA) _____

Are you represented by legal counsel: (y/n): Involved any other persons or agencies: (y/n)? when and whom: _____

Responded to Park Owner: Times/Dates/Details of an responses:

DISCLAIMER: By signing and submitting this form you are giving your written permission to the LV1 HOA negotiating committee to represent you in presenting the facts to the park owner. In no way does the HOA stand in your place for any legal issues/action arising from their assistance in this matter.

HOA ACTIONS: Documents Received: _____

Laws/Rules in Question: _____

CONTACT SUMMARY WITH PARK OWNER: _____

HOMEOWNER ASSISTANCE REQUESTED: _____
