

*Clear Lake Riviera*  
COMMUNITY ASSOCIATION

**Complaint Form**

Date \_\_\_\_\_ Type Violation: \_\_\_\_\_

Violation Address: \_\_\_\_\_

APN# \_\_\_\_\_ Residence \_\_\_\_\_ Lot \_\_\_\_\_

**COMPLAINT DETAILS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**SOURCE OF COMPLAINT**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

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Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_

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**ACP FINDINGS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ACP Responded by  US Mail  Email on \_\_\_\_\_