

BTMHOA CONCERN/RECOMMENDATION FORM

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

CONCERN/RECOMMENDATION: _____

LOCATION (IF APPLICABLE): _____

BRIEFLY DESCRIBE:

YOUR SIGNATURE: _____

DATE: _____

This form may be given to any board member of the BTMHOA or may be put into the folder on the bulletin board in the clubhouse.