

## GMHOA CONCERN/RECOMMENDATION FORM

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**EMAIL ADDRESS:** \_\_\_\_\_

**CONCERN/RECOMMENDATION:** \_\_\_\_\_

\_\_\_\_\_

**LOCATION (IF APPLICABLE):** \_\_\_\_\_

**BREIFLY DESCRIBE:**

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\_\_\_\_\_

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**YOUR SIGNATURE:** \_\_\_\_\_

This form may be given to any board member of the GMHOA or may be put into the GMHOA box located in the clubhouse.