

HARBOR POINT PROPERTY OWNERS' ASSOCIATION
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Office Hours: Tuesday – Saturday from 10:00AM to 2:00PM

HPPOA Complaint/Issue Form

Date of submission: _____

Your Name *(please print)* _____

Your Address *(please print)*

Your Phone # _____

Complaint against *(name if known/applicable)*: _____

Address where issue occurred *(if known)*: _____

Complaint/Issue:

Signature: _____

Office use only: Director name _____ Date notified _____