



# Snapper Creek Townhouse Homeowners Association, Inc.

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## COMPLAINT FORM

Date: \_\_\_\_\_

TYPE OF COMPLAINT OR VIOLATION:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Fence/fence slats        | <input type="checkbox"/> Screen/Patio   | <input type="checkbox"/> Security Bars      |
| <input type="checkbox"/> Paint                    | <input type="checkbox"/> Wood           | <input type="checkbox"/> Gate               |
| <input type="checkbox"/> Illegal Structure (shed) | <input type="checkbox"/> House Number   | <input type="checkbox"/> Common Fence       |
| <input type="checkbox"/> Window                   | <input type="checkbox"/> Repair Trellis | <input type="checkbox"/> Illegal Parking    |
| <input type="checkbox"/> Lease                    | <input type="checkbox"/> Warranty Deed  | <input type="checkbox"/> Illegal vehicle    |
| <input type="checkbox"/> Screens                  | <input type="checkbox"/> Trash/Debris   | <input type="checkbox"/> Shutters           |
| <input type="checkbox"/> Porch Light              | <input type="checkbox"/> Facial Boards  | <input type="checkbox"/> Clothesline        |
| <input type="checkbox"/> Repair front door        | <input type="checkbox"/> Exterior light | <input type="checkbox"/> Repair soffit      |
| <input type="checkbox"/> Roof tiles               | <input type="checkbox"/> Trees          | <input type="checkbox"/> Unkempt            |
| <input type="checkbox"/> Cut Lawn                 | <input type="checkbox"/> Loud Noise     | <input type="checkbox"/> Inoperable vehicle |
| <input type="checkbox"/> Other: ( specify): _____ |   |   |

BRIEFLY, WHAT HAPPENED?

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

( Continue description on other side of page if you need additional space)

WHO DID IT? WHERE THEY LIVE (if know) \_\_\_\_\_

\_\_\_\_\_

WHEN DID THIS OCCUR? Date: \_\_\_\_\_ TIME: \_\_\_\_\_

BESIDE YOU, WAS THERE ANY OTHER WITNESSES? Please list name and addresses:

\_\_\_\_\_

Please list your name, address and telephone number so that we may contact you if there are any questions regarding this complaint.

Name: \_\_\_\_\_ Tel.: \_\_\_\_\_ Mobil: \_\_\_\_\_

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

DATE RECEIVED: \_\_\_\_\_ INSPECTION DATE: \_\_\_\_\_

COMPLAINT ISSUED:  YES  NO