

SUN WILLOWS HOMEOWNERS ASSOCIATION
RECOMMENDATION / COMPLAINT FORM

Please complete the sections below:

1. I/we have the following recommendation/complaint/concern:

2. If your concern involves another homeowner, please tell us what you have done to address the situation:

3. I/we would like the Board to consider the following recommendation/or take the following actions(s) to resolve this situation:

Name (Please Print)

Address

Phone

Signature

Date

DROP FORM IN THE SWOON BLACK MAILBOX AT THE FRONT ENTRANCE.

All forms must be completed, signed and dated to be considered by the Board.