

**2019 TOWAMENSING TRAILS
SUGGESTION/COMPLAINT RECORD**

SUGGESTION/COMPLAINT:

DATE: _____ LOT #: _____ 911 #: _____ STREET: _____

NAME: (Please print) _____ SIGNATURE: _____

MAILING ADDRESS: _____ PHONE: _____

CITY: _____ STATE: _____ ZIP: _____

EMAIL ADDRESS: _____

Note: IT IS THE POLICY OF THE PROPERTY OWNERS ASSOCIATION TO RECORD ALL SUGGESTIONS AND COMPLAINTS. NAMES OF INDIVIDUALS AND THEIR SIGNATURES SHOULD APPEAR ON THIS FORM.

PLEASE BE ADVISED OF THE FOLLOWING CONDITION/SITUATION THAT SHOULD BE CORRECTED AS SOON AS POSSIBLE.

NATURE OF SUGGESTION/COMPLAINT:

RECREATION _____ TRASH _____ SECURITY _____

OTHER (SPECIFY) _____

SITUATION NOTED: (NAMES, PLACES, TIMES)

SUGGESTION/RECOMMENDATION:

SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

ACTION TAKEN: _____

SIGNATURE: _____ DATE: _____ CASE # _____