

SUMMERFIELD CIVIC ASSOCIATION

CONCERN/COMPLAINT FORM

Date _____

To Whom _____

CONCERN (Be specific -names, addresses, phone #'s, problem)

Policy and Procedure, or section of Condition and Restrictions that is in question:

#1

#2

#3

#4

Concern/Complaint:

Signature: _____

Date: _____

Phone _____

Response delegated to: 1)Adm .____ 2)Landscape ____ 3)Architectural ____
4)Clubhouse ____ 5)Greens ____ 6)Other ____