HARBOR LIGHTS' COMMUNICATION FORM

DATE: _____
LOT: _____
NAME: _____
PHONE: _____

_____
SIGNATURE

COMPLAINT: _____
SUGGESTION: _____
REQUEST: _____
COMMENT: _____

Please include ONLY ONE TOPIC in the space provided below. Please use a NEW FORM for EACH additional TOPIC. If additional space is needed other than the space provided below, please write on the back of this form.

_____
_____
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_____

FOR OFFICE USE ONLY

DATE CC: _____
Maintenance____ Property Manager ____ Landscaping ____ B.O.D _____
Name(s)

REFERRED TO: _____ DATE: _____

RESOLUTION:

_____
_____
_____
_____
_____
_____
_____
_____
_____

SIGNED _____ DATE: _____

APPLICANT INFORMED: YES/NO (Please Circle) By: Phone, In Person, Mail (Please Circle) _____ (Date)

DATE FILED: _____
(initial/date)