

OAKMONT
IN THE VALLEY OF THE MOON

Green

COMPLAINT

REGARDING (Name, If Available) _____

ADDRESS (Necessary) _____

PHONE (If Available) _____

COMPLAINT _____

NOTE: Residents of Maintained Areas Must File this Complaint with their Board of Governors.

PRINT YOUR NAME (See Note) _____

ADDRESS _____ PHONE _____

DATE: _____

SIGNATURE (See Note)

NOTE: Anonymous and unsigned complaints will not be accepted by the Architectural Committee. Your identity will be held in confidence. If you have attempted to resolve this issue, please describe the result. If necessary, use additional sheets for a complete description.

FOR ARCHITECTURAL OFFICE USE ONLY:

ACTION TAKEN (see entire file): _____

OAKMONT VILLAGE ASSOCIATION ARCHITECTURAL COMMITTEE