

FALL RIVER ESTATES CC&R ENFORCEMENT

15148 River Loop Drive East Bend, OR 97707

COMPLAINT FORM

DATE: _____

Complainant:

Name: _____

Address: _____

City, State, Zip: _____

Daytime Phone: (____) _____

Location of Violation: _____

Resident's Name(s): _____

Owner of Property: Same as Resident ()Yes ()No

If different: Name: _____ Address _____

City, State, Zip: _____ Phone: (____) _____

Details of Complaint: (be specific) _____

Date of Original Owner (perceived violator) Notification: _____

Notification made by(name of Board Member) _____

Mandatory Owner Response: Received ()Yes ()No

Date of Response: _____

Details of Response/Action Plan

Written Notification Required: ()Yes ()No

If Yes, Date of written notification _____

Resolution of Complaint:

If no resolution, details of action to be taken by Board:

Signature(s) of participating Association Board Members:

_____	Date: _____
_____	Date: _____
_____	Date: _____
_____	Date: _____