

FLEUR DE LIS HOMEOWNERS ASSOCIATION

COMPLAINT FORM

Must be signed by the complainant in Order for Association to Process

Date: _____

COMPLAINANT INFORMATION (Association Member filing complaint)

NAME _____

ADDRESS _____

PHONE _____

DEFENDANT INFORMATION (Alleged Violator)

NAME _____

ADDRESS _____

VIOLATION: The nature and date of the alleged violation, and a description of the factual basis of the complaint – Who
What Where When – NRS 116 now requires a photograph of the alleged violation (please submit photo)

REGULATION: State the specific Rule and Regulation, CC&R, and/or Bylaw articles being violated

WITNESS: Name, Address and Phone

SIGNATURE OF COMPLAINANT: _____

PLEASE MAIL TO: FLEUR DE LIS HOMEOWNERS ASSOCIATION
C/O EQUUS MANAGEMENT GROUP
9900 WILBUR MAY PARKWAY
RENO, NEVADA 89521

OR FAX: 775-853-3986