

COMPLAINT FORM

Coral Point Homeowners Association

Person who Observed Violation:

First Name

Last Name

Address: _____ Lot Number: _____

Address of the Property Allegedly in Violation of the Association's Governing Documents:

Date(s) Violation Occurred:

Nature of the Violation(s):

Per Arizona laws (A.R.S. § 33-1242 and A.R.S. § 33-1803) any complaint lodged with the Association will NOT remain anonymous. The person complaining of the alleged violation must state their first and last name and this information will be sent to the party who is accused of the violation if requested.

Signature of Observer: _____

Date(s) of Observation: _____

Return completed form to your Association's name, c/o AAM, LLC, 1600 W. Broadway Rd. #200, Tempe, AZ 85282; Fax to 480.821.2334 or e-mail to pigleski@aamaz.com.