FORM 3

ROCKY RIDGE CONDOMINIUM ASSOCIATION
FORMAL COMPLAINT

Name:_____

Address:_____

Phone:_____

Name of Violator:_____

Address of Violator:_____

Nature of Violation: (Provide a detailed description, including location, date, time, etc.)

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Signature:_____ Date:_____

This form can be transmitted via email or U.S. Mail to the Managing Agent. The address of the Managing Agent can be found on the front cover of this Handbook.