

EASTGLEN HOMEOWNERS CONCERN / COMPLAINT FORM

Date _____

HOMEOWNER

Lot Information (Please fill out as much information as possible)

Name: _____

Address: _____

Your Information

Name: _____

Address: _____

Phone (Home and Cell): _____

Lot number: _____ Do you wish to remain anonymous Yes _____ No _____

1. Main Concern / Complaint

Please explain your concern and/or your complaint. How does it affect you or our community and have you talked to the homeowner (if this is a home issue) about your concern? Is this a concern about a general issue?

2. CC&R Code - Verbiage

Please state the CC&R Code and the paragraph that pertains to your complaint. Please include location and any photos that support your concern.

Please submit this request to:

Eastglen Homeowners Association Board
PO Box 82713
Kenmore, WA 98028

Or email this form to eastglenhoa@gmail.com

**You will receive a written reply to your request within a maximum of three business days / 72 hours.
All efforts will be made to reply sooner and as quickly as possible.**