

Property Owner's Association PO Box 963 Mustang, OK 73064 (405) 834-8098

RESIDENT COVENANT COMPLAINT FORM

Location of Complaint:	Date Observed:
Owners Name:	
Owners Address:	Owners Phone#:
Regulation: Please state the speci	ific Covenant & Restriction being violated.
Article:	Title:
Paragraph:	
Complaint:	
(A	ttach photos of complaint)

Have you contacted the Resident of the apparent violation?

What action have you taken with the resident to resolve your complaint?



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ANONYMOUS COMPLAINTS ARE NOT ACCEPTED

Filed By: Phone:

Address:

All above fields must be completed to be accepted.

Office Use Only:

Date received:

Action / Inspection Date:

Ruling: