



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 specific Covenant & Restriction being violated.

Article: \_\_\_\_\_ Title: \_\_\_\_\_

Paragraph: \_\_\_\_\_ Sub-Paragraph: \_\_\_\_\_

**Complaint:**

(Attach photos of complaint)

**Have you contacted the Resident of the apparent violation?** \_\_\_\_\_

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

