

Complaint Form

All sections must be complete and this form must be signed to constitute a formal complaint wherein the homeowner is requesting assistance from the Park View Owners' Association regarding the nuisance being reported below.

Date: _____

Name of Complainant: _____

Address of Complainant: _____
Park View, IA 52748

Number where you can be reached: _____

Signature of Complainant: _____

If not signed, this does not constitute a complaint and it will be disregarded.

Name of Violator: _____

Address of Violations: _____
Park View, IA 52748

Lot and Addition (if known): _____

Detailed complaint: _____

