

Clarcona Resort Condominium Association Inc.

Complaint Form

3000 Clarcona Rd. Suite 201A, Apopka, Fl. 32703

407889-5491 Office 407-884-8812Gate

Date _____ Your Name & Lot # _____ \ _____ \ Phone# _____

Time _____ Am/Pm what is the complaint? _____

Who is the complaint about? Lot # _____ / (Male/ Female, name(s), description, height, weight, color of hair, clothing etc. Plate number, type of vehicle, color, anything to identify who it is.

What is the complaint about? Please explain what the person(s) are/were doing wrong or illegally in detail.

It is very important that you give us as much information accurately and fully as possible. With your help we will make Clarcona Resort a better place to live and play. The Board of Directors, Management, Community Patrol and Security thank you for your valued assistance. To make this a legal document we need your signature and date.

Signed _____ /Date _____

Print Name _____

Witnesses if any _____ /Date _____

To find out what actions were taken on your completed complaint, please call the office at least ten days after your complaint was submitted.

If more room is needed please use back of this form.