



AOAO HARBOR LIGHTS COMPLAINT FORM

NAME:

APT. NO.

DATE:

TYPE OF COMPLAINT (CHECK APPROPRIATE BOX):

MAINTENANCE

LANDSCAPING

OFFICE

JANITORIAL

PARKING

POOL

SECURITY

PLAYGROUNDS

OTHER

SHORT SUMMARY OF COMPLAINT:

ACTION TAKEN:

DATE OF COMPLETION:

MANAGER'S SIGNATURE:

CC: Complainant, Manager, Board of Directors