GRAND ISLES HOMEOWNERS ASSOCIATION

COMPLAINT FORM / NOTICE OF POTENTIAL VIOLATION

(Required Information)

Your Name: Last _____ First _____ ( ) _____ Your Telephone Number

Your Address: Street _____ ( ) _____ Facsimile

City _____ State _____ Zip _____ e-mail _____

Nature of Complaint / Potential Violation:

In order for us to follow-up with this complaint and possibly send a violation notice, you must (1) furnish an accurate address for the complaint, and (2) be specific in your description of violation, i.e. if you are reporting someone for continual street parking or obstructing the sidewalk, provide the make/model/color/license of their car. For a dog defecating on your or common property, or for barking, etc. it is imperative that we have the address at which the animal resides.

Name (if known): Last _____ First _____ Date Violation Observed _____

Street _____ Address: _____ Community _____

Describe in detail the complaint/Potential Violation *Please, only one complaint per form.*

Your Signature: _____ Date: _____

Please allow 5-10 business days for us to receive your complaint, confirm the complaint, research for any similar prior violations, and send a notice.

Send completed form to:
Grand Isles Homeowners Assn. Property Manager
11585 Lake Isles Drive
Wellington, FL 33414
(561) 333-5253, grandislesmanager@gmail.com

For Office Use Only *Complaint/Violation Number:* _____

Date Rec'd: _____ *Rec'd. By:* _____ *Lot #:* _____ *Complaint Confirmed:* Yes No

Number of Similar Previous Violations: _____ *Action taken: Notice to Correct* ☐ *Violation* ☐ *Fine $* _____

Time to Correct: _____ *days /date* _____ *Violation Corrected:* _____

Hearing Date: _____ *Hearing Requested:* Yes No *Hearing Result: Violation/Fine* Enforced Waived