

COMPLAINT FORM  
Q MNT. VISTA HOME PARK  
HOA & WATER  
P.O. BOX 4930  
QUARTZSITE, AZ. 85359

PLEASE FILL OUT AND RETURN TO THE OFFICE

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

DATE AND TIME OF OFFENCE \_\_\_\_\_

NAME OF OFFENDER \_\_\_\_\_

SITE CC&R # THAT HAS BEEN VIOLATED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ACTUAL COMPLAINT \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE

\*IF MORE SPACE IS NEEDED ATTACH OTHER PAGES TO THIS COPY\*