

LEOA COMPLAINT FORM

I, _____, submit to LEOA that I personally
(Name)
observed the following occurrence on _____ at _____.
(Date) (Time)

I believe this event to be in violation of the Lake Rules or/and Declaration of Covenants, Conditions and Restrictions. I can/cannot identify the person(s) responsible for this occurrence as

(Name or Means of Identification)

Description of Event:

(Signature)

(Date)