

**ALTA SIERRA PROPERTY OWNERS ASSOCIATION
POLICY STATEMENT #5 – COMMUNITY STANDARDS COMPLAINTS**

List persons or agencies you have contacted about this matter and others who may have pertinent information about it.

Describe the action you would like ASPOA to take:

Are you a member of ASPOA? Yes No

Your name & address:

(It is essential that ASPOA have this information in order to assist you.)

Name _____

Phone _____

Address _____

City _____ State _____ ZIP _____

Signature _____

ASPOA will promptly acknowledge receipt of all complaints.

For use by ASPOA

Date complaint received _____

Complaint to be handled by _____

Complainant contacted by Phone Letter on _____