

# Birchwood Lakes Community Association, Inc.

212 Aspen Road  
Dingmans Ferry, PA 18328  
Telephone: (570) 828-2111

## SUGGESTION OR COMPLAINT FORM

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Lot/Block/Section

\_\_\_\_\_  
Street

\_\_\_\_\_ Suggestion    \_\_\_\_\_ Complaint

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

IF NECESSARY, I AGREE TO ATTEND THE HEARING AS A WITNESS IF THE CITATION IS APPEALED.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

(Use reverse side of form for additional room if needed)

\_\_\_\_\_  
-OFFICE USE-

DESCRIPTION OF ACTION OR RESPONSE REQUIRED:

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

Please return to the office with appropriate action for file and for proper response if necessary!!

Signature \_\_\_\_\_

Date \_\_\_\_\_