

**TOWAMENSING TRAILS  
SUGGESTION/COMPLAINT RECORD**

SUGGESTION/COMPLAINT:

DATE: \_\_\_\_\_ LOT #: \_\_\_\_\_ 911 #: \_\_\_\_\_ STREET: \_\_\_\_\_

NAME: (Please print) \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Note: IT IS THE POLICY OF THE PROPERTY OWNERS ASSOCIATION TO RECORD ALL SUGGESTIONS AND COMPLAINTS. NAMES OF INDIVIDUALS AND THEIR SIGNATURES SHOULD APPEAR ON THIS FORM.

PLEASE BE ADVISED OF THE FOLLOWING CONDITION/SITUATION THAT SHOULD BE CORRECTED AS SOON AS POSSIBLE.

NATURE OF SUGGESTION/COMPLAINT:

RECREATION \_\_\_\_\_ TRASH \_\_\_\_\_ SECURITY \_\_\_\_\_

OTHER (SPECIFY) \_\_\_\_\_

SITUATION NOTED: (NAMES, PLACES, TIMES)

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SUGGESTION/RECOMMENDATION:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

ACTION TAKEN: \_\_\_\_\_

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_ CASE # \_\_\_\_\_