

**BAY VILLAGE HOMEOWNERS ASSOCIATION
COMPLAINT FORM**
(for violations of CC&Rs)

Name and Address of Person Filing this Complaint:

Name: _____

Address: _____

Telephone Number (home): _____

Telephone Number (work): _____

Please note that all complaints will be kept confidential.

Name and Address of Person whom you believe is violating the CC&R's:

Name: _____

Address: _____

Is this person a homeowner or a renter? Homeowner _____ **Renter** _____ **Don't Know** _____

Please describe the violation: _____

When did the alleged violation take place (date): _____

Please describe any other special circumstances:

Your signature, please: _____

Today's date – the date when you signed form: _____

*Submit: Please mail your completed complaint form to the address below.
Questions: Please call Bay Village HA's Voice Mail No. 457-6646 and leave a message.*

Bay Village Homeowners Association
P.O. Box 986
Watsonville, CA 95077