TRI-PAR ESTATES RESIDENT CONCERN FORM

INFORMATION OF CONCERN

Date of Occurrence: _____ Date Reported: _____

Name(s) of Person(s) Involved (if known):

Location of Concern: _____

Complainant:		Resident		Renter		Visitor
Party 1:		Resident		Renter		Visitor
Party 2:		Resident		Renter		Visitor
Party 3:		Resident		Renter		Visitor
Party 4:		Resident		Renter		Visitor

Details of Concern / Violation (Continue on back, if necessary)

_____

_____

_____

_____

_____

_____

SIGNATURE OF COMPLAINANT (OPTIONAL)

Printed Name of Complainant: _____

Signature of Complainant: _____

Complainant's Phone Number: _____

ACTION TAKEN BY TRUSTEE

☐ Date ☐ Verbal Inquiry

☐ Sent Letter ☐ Follow-up Required

Action Notes: _____

_____

_____

Return completed form to the Tri-Par Estates Office or drop in the "Office Mail Only" slot by the front door.