Office: 1240 Squirrel Road Crescent, OK 73028 Phone: (405) 969-2577 Fax: (405) 969-3746

VIOLATION REPORT / COMPLAINT FORM

The following information must be completed in its entirety in order for Twin Lakes Board of Directors to commence an investigation on your behalf. <u>Incomplete Forms will not be processed.</u>

Date of Violation Lo	Lot(s) #'s & Name Offending Lessee				
Complaint:					
		*****	••		
Name of Complainant (Please Print					
Name of Complainant (Please Print	·/	(First)		(Last)	
Address				Lot(s)	
	(City)	(State)	(Zip Code)		
Phone					
(Your phone number and email will not b information submitte					n regarding the
Signature			Date		
******	•••••For Off	ice Use Only+∙		••••	
	Assigned to Board Chairman				Date
Justification for Complaint? Yes	No Ho	ow determine	ed?		
Date of Warning to Offending Lessee	!	(Attac	ch Copy)		
Date of Follow-up Follow-	-up by		· 		
Resolution/Comments Section:					
		(Signature)	<u> </u>		(Date)

Revised: 09/24/16