



**ROBIN HOOD LAKES LOT OWNERS ASSOCIATION**

*8959 Twin Lake Drive*

*Kunkletown, PA 18058*

*Phone: (570) 629 3717    Email: rhladmin@ptd.net*

Date of Incident: \_\_\_\_\_

Time of Incident: \_\_\_\_\_

Property Owner Making Complaint: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Complaint: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Was Violator:    Owner \_\_\_    Renter \_\_\_    Guest \_\_\_    Outsider of Community \_\_\_

Address of Violator: \_\_\_\_\_  
(If Known)

I HEREBY AM WILLING TO TESTIFY REGARDING THIS COMPLAINT THAT I HAVE MADE HERE ON THIS DATE OF \_\_\_\_\_, IF NEEDED, IN ORDER TO CORRECT THIS MATTER.

Signature: \_\_\_\_\_ Print Signature: \_\_\_\_\_

Board Director taking complaint: \_\_\_\_\_

Action being taken by Board: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_