



HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION
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SNOW REMOVAL COMPLAINT FORM

DATE OF COMPLAINT: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NATURE OF COMPLAINT:

LOCATION:

=====

Office use only:

Date emailed/submitted to Liaison Director & Contractor: _____

Date complaint resolved: _____

Complaint not resolved: _____

Comments: _____
