

HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2024

LAWN COMPLAINT FORM

DATE of COMPLAINT: _____ **DATE SCANNED & EMAILED:** _____

NAME: _____

ADDRESS: _____

HOME PHONE #: _____ **CELL PHONE #:** _____

NATURE OF COMPLAINT:

SIDING DAMAGE: _____ **MARKS MADE ON DRIVEWAY:** _____

RUTS IN LAWN: _____ **DID NOT WEEDWACK:** _____

DID NOT CUT: _____

OTHER: _____

LOCATION:

Front Right: ____ **Front Left:** ____ **Rear Right:** ____ **Rear Left:** ____

Right Side: ____ **Left Side:** ____ **Entire Lawn:** ____ **Other:** _____

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Office use only:

Date Completed: _____ **Not Completed:** _____

Siding Repairs Pending: _____ **Estimated date of Completion:** _____

Comments by Turf Tech: _____



Revised 4/26/2024