



HOLIDAY HEIGHTS HOMEOWNERS ASSOCIATION, INC.

2023-2024

SNOW REMOVAL COMPLAINT FORM

DATE OF COMPLAINT: _____ **DATE FAXED/EMAILED:** _____

NAME: _____

ADDRESS: _____

PHONE: _____

NATURE OF COMPLAINT:

LOCATION:

Office Use Only:

Date Completed _____ Not Completed: _____

Comments:

