

990 Sandburg Lane, 'Port Saint Lucie, Ff. 34952

## COMMENT/COMPLAINT FORM

Name of Resident issuing Co	omment/Complaint: (please print)						
Address:	email:						
Phone Number	Signature:	Date					
Specifics of Comment/Complain	t: Date of incident						
Address:							
Details of Comment / Complaint	(circle one):						

Oleander Pines S	Section											
Date received _	_ /	/_	Refe	rred to:						/_	/	-
Initial investiga	ation: _	/	F	Findings:								
Roard Actions	/											
Board Action:	_ /											- —
Initial Notice:		/	Notice of Vi	olation:	7	<u>/</u>	Notice of	Fines Im	posed:	L	<u></u>	
Follow-up:												
1												

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