

CONCERNS FOR ARCHITECTURAL  
COMMITTEE REVIEW

Date: \_\_\_\_\_

Name of Lot Owner Involved: \_\_\_\_\_  
(if known)

Address of Lot where problem exists: \_\_\_\_\_  
\_\_\_\_\_

CONCERN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Resident Expressing Concern: Your confidentiality will be protected. We need to know if a concern is being experienced by one person or several neighbors.

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone # if more information is needed \_\_\_\_\_