Victoria Estates Homeowners' Association, Inc.

6663 W. Kinsington Ave. Wasilla, AK 99623 907-376-1984 --- vehoa1984@gmail.com

COMPLAINT FORM

Print Name	Signature	Date
I,	, swear or affirm that this statement is true and co	rrect to the best of my knowledge.
I,	, make this statement freely and voluntarily to the V	Victoria Estates Board.
Description of viola	ation (a separate complaint form should be filed for each violation	only one complaint per form):
-	etailed narrative describing the (possible) violation: (s possible violation and a complete description of violation con	· ·
What date/time did	d you first notice the possible violation? Date:	Time am /pm
Address:		
Name:		
Property Owner or	r Person accused of causing violation:	
Street address		Block#:Lot #:
	operty where the possible violation exists. The address please provide owners name or directions to prope	rty)
	es Junk & Trash Setbacks Other:	
Complaint topic:		
·	<u> se fill out COMPLETELY attach additional</u>	pages if needed
	provide testimony in court regarding this complaint? Ye	
Complainant's Pho	one #:Email:	
	ailing Address:	
	ysical Address:	
Complainant's Na	me:	

VEHOA Resolution 2017-02 Established April 2017