



SAWMILL VILLAGE CONDOMINIUM ASSOCIATION

COMPLAINT/VIOLATION FORM
CONFIDENTIAL

FROM: _____
(Resident Name)

DATE: _____

(Association Street Address)

I request that the Management Company and/or the Executive Board investigate the following problem or infraction.

Location of problem or infraction: _____

Please describe the problem or infraction in sufficient detail so we may initiate the necessary corrective action.

It is understood that the above information will be held in the strictest of confidence by the Executive Board.

I am available, if further information is needed.

(Signature of Resident filing request)

(Phone Number)

PLEASE MAIL TO THE ADDRESS BELOW:

501 W. Office Center Dr. Suite 220, Ft. Washington, PA 19034 | (215) 942-6621