

# HOMEOWNER ASSOCIATION CONCERN FORM

Association Name: \_\_\_\_\_ Unit # \_\_\_\_\_

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_

Nature of Concern:

\_\_\_\_ Landscaping

\_\_\_\_ Roofing

\_\_\_\_ Painting

\_\_\_\_ Irrigation

\_\_\_\_ Lighting

\_\_\_\_ Noise

\_\_\_\_ Pool

\_\_\_\_ Parking

\_\_\_\_ Tennis Court

\_\_\_\_ Pets

\_\_\_\_ Dumpsters

\_\_\_\_ Exterior Building Maintenance

\_\_\_\_ Street/Walk/Drive

\_\_\_\_ Other

Explain Below: Please be as specific as possible, including (when necessary) building numbers, street names, etc. to help assist in locating the problem.

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Sign & return this form by mail, fax, e-mail or drop it off with the information provided below. Your concerns will be passed along to the appropriate contact. Please retain a copy of this form for your records. Additional forms are available upon request.

Name (Please Print): \_\_\_\_\_

Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date: \_\_\_\_\_

\*Name & signature must appear.

**Keystone Property Management**  
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**Email: info@kpm1.com**