

ALPHA CCRs NONCOMPLIANCE REPORT FORM

Complainant's Name: _____

Address: _____

Phone #: _____

Email Address: _____

Location of alleged noncompliance: Owner name (Optional): _____

Address: _____

Description of the noncompliance: _____

_____ I hereby attest that I am the witness and complaining party to the above information.
Additionally, I hereby state that, I will support any fact-finding efforts by the ACA Board of Directors.

_____ Signature

_____ Date

Please note that issues such as dogs at large, noise, fires, property damage or parking violations should be reported to local Law Enforcement. For matters of personal safety or medical emergencies please dial 911.

As we do not share any information about any property with anyone other than the property's actual owner, we will not report back to any complainant as to the outcome of any valid complaint submitted. Conversely, we will not share any information about the complainant to the owner in violation. We will acknowledge receipt of the complaint and indicate whether we will investigate the complaint.

Any complaint form that is not complete or has ambiguous information (e.g., a street name in lieu of an actual address) will not be investigated.

Forms should be submitted via email to **ACA.OF.ALPHA@gmail.com**