CHRISTIANNA CONDOMINUM OWNERS ASSOCIATION
SUGGESTION, COMPLAINT OR REPORT OF INFRACTION

Please provide the information requested and submit to the LEVHA office or to a CCOA Board Member. Your proposal will be forwarded to the CCOA Board of Directors for consideration. Only written requests will be considered. We appreciate your cooperation.

YOUR NAME/ADDRESS/UNIT:_____

_____

_____

TELEPHONE NO: _____

YOUR REQUEST/COMPLAINT/REPORT OF INFRACTION:

_____

(For additional room, use back of sheet)

SIGNATURE:_____

DATE:_____