

Sunrise Pointe Vistas Homeowners Association  
190 W Continental Rd Suite 216-172  
Green Valley AZ 85622

Complaint Form: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

From: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I, as the Complainant attest that I have witnessed the below violations that I believe to be against the CCR's for Sunrise Pointe Vistas Homeowners Association. I am requesting that this matter be reviewed by the Board of Directors. Please advise me of final disposition. I understand my name may be shared with the Party/Individual in violation(s). By submitting this form I agree to testify if so requested or provide additional information as deemed necessary.

Please review the following incidents that have occurred: Please list where the violation occurred. We must have date and times of EACH violation or disruption. We cannot accept the wording "violation occurs all the time". You must be specific or we will not be able to investigate the allegations.