

Seagate Village Community Association
c/o CHAMPS/The Kelly Group
5731 Palmer Way • Suite B
Carlsbad, California 92010
(760)603-0501 • FAX (760)603-0505

COMPLAINT FORM

Date: _____

Alleged Violator:

Name: _____ Vehicle License #: _____

Address: _____ Unit #: _____

Description of Violation (Specify Rule/Regulation, Restriction you believe was violated).

Date, Time and Location of Violation: _____

Additional Facts or Comments (Description of Dog, Cat, Vehicle, etc.):

Complainant:

This complaint may be used as evidence in a hearing or lawsuit. I understand by filing this complaint I may be called to testify before the Board or a court of law.

Name: _____ Signature: _____
Please Print

Address: _____ Phone No.: _____ Day
_____ Phone No.: _____ Evening