GLACIER SPRINGS PROPERTY OWNER'S ASSOCIATION P. O. BOX 126

Maple Falls, WA 98266

NOTICE OF CONCERN

NOTE: This form is to be used by members of the GSPOA to report concerns to the Board of Directors of the Association. Please submit the completed form to the address listed to the right above. Upon receipt, the GSPOA Board of Directors will review and respond to your notice. In order for the Board to quickly and effectively address your concern, please include as much detail as is possible

CONTACT INFORMATION FOR MEMBER SUBMITTING NOTICE OF CONCERN

Cell Phone:

Fax Number:

No

Your Name:

Your Address:

Glacier Springs Address (if different than above):

Your Phone:

E-mail:

Do you wish your information to remain confidential? Yes

Do you wish to be notified of the outcome of the Notice of Concern investigation? Yes No

INFORMATION

Date(s) of incident/activity of concern:

Description of incident/activity of concern (use back of page if necessary):

FOR BOARD OF DIRECTORS USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Received:

Information Complete: Yes No

Board Action Req'd: Y	′esNc	<u>ا</u>
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Disposition: