

**AMBERLEIGH NORTH
COMMUNITY ASSOCIATION**

FORMAL COMPLAINT

VIOLATOR (S), IF KNOWN: _____

ADDRESS, IF KNOWN: _____

CAR, VEHICLE, LICENSE PLATE NUMBER, IF APPLICABLE: _____

PET OR ANIMAL DESCRIPTION, IF APPLICABLE: _____

VIOLATION: Describe nature, location, date, time, etc. _____

Signature: _____ DATE: _____ Address: _____

Print name: _____

**PLEASE SUBMIT FORM TO: THE CASE BOWEN COMPANY
5940 Wilcox Place, Suite B
Dublin, Ohio 43016-6805**

PLEASE MAKE COPY OF THIS FORM FOR USE