

# **CONCERN OR SUGGESTION FORM**

(For Consideration by the H.V.R. Board of Directors)

Member's Name \_\_\_\_\_

H.V.R. Address \_\_\_\_\_ Lot No. \_\_\_\_\_

Telephone Number \_\_\_\_\_

Member's Concern or Suggestion: (Give a detailed description.)

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Member's Recommendation on how to Rectify/Implement Suggestion:  
(Give a detailed description.)

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Are you willing to serve on or chair a committee to address this situation? Yes \_\_\_\_\_ No \_\_\_\_\_

Signature of Member \_\_\_\_\_ Date \_\_\_\_\_  
11/15/10