IMPROVEMENT RECOMMENDATION FORM

Date: _____

Name: _____

Address: _____

Phone Number: _____

Area of concern (Committee):

1. Architectural ____
2. Maintenance ____
3. Security ____
4. Lakes and Beaches ____
5. Roads ____
6. Planning ____
7. Additional areas ____

Please use the following space to outline your concern and describe the resolution that you would like to see.

Your information will be provided to appropriate committee and/or full board review.