

Key Vista Master HOA
Trouble / Service / Complaint Form

Name: _____

Address: _____

Phone Number: _____ Cell Number: _____

E mail (for return response): _____

Please check one of the following areas and return the completed form to the Office, drop box at the Master's Clubhouse or email to kvclubhouse@mykeyvista.com. The form will be forwarded to the appropriate person for review. No request for service will be addressed without a completed form including a signature.

- | | |
|---|--|
| <input type="checkbox"/> Wetlands/Ponds/Nature Area | <input type="checkbox"/> Covenants/Bylaws Violation |
| <input type="checkbox"/> Wildlife | <input type="checkbox"/> County Code Violation |
| <input type="checkbox"/> Lawn | <input type="checkbox"/> Rules/Regulations Violation |
| <input type="checkbox"/> Sprinkler | <input type="checkbox"/> Architectural Violation |
| <input type="checkbox"/> Fertilization/Maintenance | <input type="checkbox"/> Clubhouse |
| <input type="checkbox"/> Gates | <input type="checkbox"/> Pool/Spa |
| <input type="checkbox"/> Common Grounds | <input type="checkbox"/> Tennis Courts |
| <input type="checkbox"/> Street/Street Lights | <input type="checkbox"/> Volleyball Court |
| <input type="checkbox"/> Activity/Program/Event | <input type="checkbox"/> Playground |
| <input type="checkbox"/> Clubhouse Parking Lot | <input type="checkbox"/> Other |

Problem/Complaint (Specific Details):

Signature: _____

(No action will be taken without signature)

Date: _____