

**MASTHOPE MOUNTAIN COMMUNITY
SUGGESTION AND COMPLAINT FORM**

| |
|--|
| Office Use Only Complaint # |
|--|

Name _____ Date _____

Lot Number _____ MR FW WP (Circle One)

E-Mail Address _____

| | |
|------------------|----------------------|
| Home Address | Pennsylvania Address |
| | |
| | |
| Telephone Number | Telephone Number |

Describe your Suggestion or Complaint below and indicate dates and location if appropriate. Use another sheet if necessary.

Your Recommendation:

Office use only below this line.

Referred to _____ Date _____

Copy to _____ Date _____

ACTION TAKEN: (below) DATE ACTION TAKEN: _____

RETURN to office staff after action is taken. This form will be filed for future reference.