Lake LeAnn Property Owners Association
P.O. Box 308 ÅSomerset Center ÅMI 49282 ~ Phone: 517-688-9704 ÅFax: 517-688-4245

# Member Resolution Form

Please fill in all information so that we may assist you better and return it to the LLPOA office.

☐ **Compliment** ☐ **Suggestion** ☐ **Question** ☐ **Complaint**

Submitterôs Information:

Name_____ Date_____
Address_____ Phone_____
City_____ ST____ Zip Code_____ Alt. Phone_____
Email _____
Account # or Subdivision and lot number(s)_____
Best/Preferred contact: Phone / Email / Letter Days and Times _____

Please provide any applicable information. If there was an occurrence, please provide the date, time and place. (Attach additional information, including pictures, if necessary.)

What would you like to see done to resolve this issue?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Is there another member involved? Please provide any information.

Name _____ Phone _____
Address _____
Subdivision/ Lot # _____

**Office Use: Resolution/ Date**

_____
_____
_____
_____

White ï Office; Yellow ï Resolution; Pink ï Member

ID_____

Issue_____