

Member Resolution Form

This Form is **NOT Confidential**

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

☐ Complim	ent 🗆 Sugge	estion [☐ Question	☐ Complaint
Submitter's Informati	on:			
Name			Date	
Address			Phone	
City	ST	Zip Code	Alt. Phone)
Email		· 1 —		
Account # or Subdivi	sion and lot nu	mber(s)		
Best/Preferred contact	et: Phone / Ema	ail / Letter	Davs and Times	
place. (Attach additional What would you like			=	
Is there another member in Name		•		
Address				
Subdivision/ Lot #				
Submitte	Signature:			
Office Use: Resolution/	Date			
e – Office; Yellow – Resolutio	on; Pink – Member			ID
				Issue