

# Lake LeAnn Property Owners Association

PO Box 308; Somerset Center, MI 49282 Phone 517-688-9704 Fax 517-688-4245 Email: llpoa@modempool.com

## Member Resolution Form

### *Submitter's Information*

\*Date \_\_\_\_\_ Via Phone \_\_\_\_\_ Ltr \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

\*Name \_\_\_\_\_

\*Address \_\_\_\_\_

\*Telephone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

\*Subdivision \_\_\_\_\_ Lot # (s) \_\_\_\_\_

\* INFORMATION REQUIRED-LLPOA WILL MAINTAIN CONFIDENTIALITY IF POSSIBLE

**Compliment** \_\_\_\_\_ **Suggestion** \_\_\_\_\_ **Question** \_\_\_\_\_ **Complaint** \_\_\_\_\_

Date/Time/Place of occurrence \_\_\_\_\_

*Please provide all details and information pertinent to resolving the issue.*

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*Please provide information of other member(s) involved if applicable*

Name \_\_\_\_\_

Address \_\_\_\_\_

Subdivision \_\_\_\_\_ Lot # (s) \_\_\_\_\_

***Form may be submitted to your subdivision Director or the LLPOA office.***

**FOR OFFICE USE ONLY-Do not write in boxed area.**

Action Date \_\_\_\_\_ CC: Director \_\_\_\_\_ Officers \_\_\_\_\_ Committee \_\_\_\_\_

Follow up needed \_\_\_\_\_

Resolution/Date \_\_\_\_\_

Response to submitter: Date \_\_\_\_\_ From \_\_\_\_\_

Via Phone \_\_\_\_\_ (attach notes) Ltr \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_ (attach copies)