

Captain's Pointe Home Owners Association

Complaint Form

All areas of this form must be filled out to be processed by the board.

Date: _____

COMPLAINANT INFORMATION (Association Member filing complaint)

Name: _____

Address: _____

Phone: _____

Email: _____

DEFENDANT INFORMATION (Alleged Violator)

Name: _____

Address: _____

VIOLATION: The nature and date of the alleged violation, and a description of the factual basis of the complaint – Who What Where When.

REGULATION: State the specific Rule/Regulation, Deed Restriction, and/or By-law being violated. _____

WITNESSES: Name, Address, and Phone

SIGNATURE OF COMPLAINANT (required)

Email to CaptainsPointePresident@gmail.com or
Mail to: Captains Pointe HOA Complaints, P.O. Box 2216, St. Augustine, FL 32085