

**AMBERLEIGH NORTH  
COMMUNITY ASSOCIATION**

**FORMAL COMPLAINT**

VIOLATOR (S), IF KNOWN: \_\_\_\_\_

\_\_\_\_\_

ADDRESS, IF KNOWN: \_\_\_\_\_

\_\_\_\_\_

CAR, VEHICLE, LICENSE PLATE NUMBER, IF APPLICABLE: \_\_\_\_\_

\_\_\_\_\_

PET OR ANIMAL DESCRIPTION, IF APPLICABLE: \_\_\_\_\_

\_\_\_\_\_

VIOLATION: Describe nature, location, date, time, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ Address: \_\_\_\_\_

Print name: \_\_\_\_\_

**PLEASE SUBMIT FORM TO:      THE CASE BOWEN COMPANY  
5940 Wilcox Place, Suite B  
Dublin, Ohio 43016-6805**

**PLEASE MAKE COPY OF THIS FORM FOR USE**