

KLAHANIE

APPENDIX B

REPORT OF NON-COMPLIANCE FORM

Date: _____

Name of Person(s) with report: _____

Address: _____ Division: _____ Lot: _____

Phone number: Primary _____ Secondary _____

Email: _____

Do you want a personal response?: Yes ___ No ___

Address of Resident in Non-Compliance: _____

Non-Compliance Issue: (please be specific as to dates, time, occurrences, etc.)

What was the outcome when you spoke to the neighbor about the problem?:

Additional Information you wish to include:

