

Homes Association of Cedar Hills

9900 SW Wilshire St. Ste.109

Portland, Oregon 97225

• Phone: 503-292-1259 • Fax: 503-292-1148 • www.cedarhillshoa.org

COMPLAINT FORM

For alleged violation of the CC&Rs

The Homes Association of Cedar Hills has determined that it will investigate or follow up only upon signed, written reports of possible violations of the CC&Rs. The Board will not respond to phone calls or anonymous reports. It is the Boards intention that these reports are deemed confidential. The information provided, and your name will not be disclosed except as required by law. The Board will review this information and determine in its discretion whether a violation exists.

The Association intends to enforce the CC&Rs to keep Cedar Hills a desirable community.

Items 1- 11 MUST be completed to process your complaint.

1. What is your name & address? _____
Print Name

Print Address

City

State

Phone

2. What is the EXACT address of concern? _____

Street address

City

3. Describe the alleged violation: (attached separate sheet as necessary)

4. Have you addressed your concerns with your neighbor? If not why? _____

5. Approximately when did this concern begin? If the activity is sporadic, list the day & time that it is most frequently observed: _____

6. If the alleged violation visible from the public road? _____ If not, what is the best vantage point for inspection? _____

7. Do you give the Homes Association of Cedar Hills permission to view from your property? _____
If yes, please provide phone number to make an appointment: _____
If no, why not? _____

8. Names and addresses of witnesses who have observed this activity and who would be willing to serve as witness in a court proceeding if necessary: (N/A if not applicable)

9. Additional Information: (N/A if not applicable)

10. In addition to completing this form, please attach any advertisements, photographs, newspaper articles or other information which can be used as evidence of this alleged violation. The submitted documentation will not be returned and will become part of the file.

11. I understand that in filing this complaint, my name becomes a matter of record. I freely provide my name, mailing address and phone number so that I may be contacted to provide further information, or to appear as a witness and provide testimony or other proof in any proceedings resulting from this complaint.

Signed: _____ Date: _____