LAUGHLIN RANCH

c/o HOAMCO 2580 Hwy 95, Suite 108 Bullhead City, AZ 86442 Office: 928-296-8181 FAX: 928-776-0050 BHCVIOLATIONS@HOAMCO.COM

VIOLATION/COMPLAINT FORM

Name of Neighborhood:	
First and Last Name of person or persons who observed the violation:	
Address of the property allegedly In violation of the community documents:	
Date(s) the violation occurred:	
Nature of the violation:	
Please read carefully, sign and return this form to HOAMCO	
condition of the property owned by the documents without regard to whether a m provide the association with a written resp within ten business days after the date of	mber who received a written notice that the emember is in violation of the community onetary penalty is imposed by the notice may onse by sending the response by certified mail the notice. The response shall be sent to the the recorded notice prescribed by 33-1807,
member, the association shall respond	ertified mail containing the response from the to the member with a written explanation at least the following information unless on:
2. The date of the violation or the date	cuments that has allegedly been violated. e the violation was observed. n or persons who observed the violation.
Name of Observer:	
	Date: