



Summer Place Concern Form

This form is to be used to report conditions within the Association that you feel are in need of attention by the Board of Directors and Association Management. When reporting a problem, please be specific and identify the unit, people, action, time, date and outcome of the situation. We ask for your name and address so that we may investigate and verify allegations. You may submit concern forms anonymously; however, this makes it difficult to pinpoint problems if additional information or details are needed.

Your Name:	Phone:
Your Address:	
Date of Incident:	
Specific Concern:	
If the problem relates to a Specific Resident, please provide:	
Resident Address:	
Resident Name:	
If you need additional room for more details, please attach additional paper or use the back of this form and send to:	

Coastal Resource Management
27132-B Paseo Espada, Suite 1201
San Juan Capistrano, CA 92675
Attn: Chris Kervick