

**Request for Action by Fox Hollow Homeowners Association Board
on Perceived Restrictive Covenants Violation**

To be filled out by the person or persons making the complaint to the Fox Hollow Neighborhood Association . **Please fill in as much of the following as you can.**

*This complaint is about the property at (give address): _____

Legal name of resident at the above address: _____

Phone number(s) of above resident: _____

Legal name of owner if not the same as resident: _____

Phone number(s) of owner: _____

* In your own words, describe why you believe there is a violation of the neighborhood covenants at the above address (You may attach other paperwork, photos, or information you would like the board to consider)

FHHOA policy encourages homeowners to attempt to work out differences before coming to the Association unless special circumstances have kept homeowners from discussing the problem together.

Prior to this request, did you attempt to resolve the issue with the owner or resident of the property?

*Yes _____ No _____

If yes, what actions did you take? Please describe (include dates if possible) and describe the response you received, if any:

If you answered no, please explain why you did not attempt to resolve the issue on your own?

Anonymous complaints will not be accepted. .

*Your name _____

* Your address: _____

* Home phone: _____

Work phone: _____

*Signature _____

*Date _____

The Fox Hollow Homeowner's Association only addresses specific issues named in the neighborhood restrictive covenants. We do not deal with loud music, barking dogs, property line issues, or feuding neighbors.

**Send the completed form to Fox Hollow Homeowners
Association, P. O Box 871, Bixby, OK 74008**

*Required fields