

York Place

Complaint Form

Homeowner Name(s): _____

Homeowner Address: _____

Phone # _____ Email: _____

Today's Date: _____

Please be as detailed as possible and include; date of incident, reason of complaint, address or whereabouts of incident/issue, etc.
The YPHOA Board will review the following complaint and keep you informed of the outcome.

Complaint

Signature: _____

Email to info@yorkplacesub.org

or

Mail to YPHOA • P.O. Box 618 Saline MI 48176