

LAKE CHARLES HOA COMPLAINT FORM

Resident filing complaint information:

NAME _____

ADDRESS _____

PHONE # _____

Information of Suspected Violator

NAME & ADDRESS(if known) _____

LICENSE PLATE & TYPE OF VEHICLE _____

TIME & DATE OF OCCURENCE _____

Provide a detailed description of complaint/violation & attach any photos:

Signature of person filing complaint (Required) _____ Date: _____

**COMPLETED FORMS: DROP IN BOX AT THE BEACH CLUB OR MAIL TO LAKE CHARLES HOA,
550 SW BEACH CLUB DR, PORT ST LUCIE, FL 34986**

*****FOR COMMITTEE USE ONLY DO NOT FILL OUT*****

VIOLATION OVERVIEW FORM

Violation # _____ (Bayshore) _____ (Committee) _____ Hearing Date: _____
Postponed until: _____

Issued to:

LC Property address: _____ Mailing Address: _____

Individual: Did / Did Not Attend Hearing

Lake Charles Covenants Article # or Restrictions, Rules & Regulations # and amount of Fine a day:

Previous Violation(s), Date & CHC Decision Rendered:

Decision Rendered & Committee Comments:

Date of Hearing _____ By _____
(Secretary/Committee Chairperson)