

ID Number: _____
Date Received _____
Received By _____

**c/o ARB, Inc.
PO Box 11035
Fayetteville, NC 28303
(910) 864-0900**

Please complete this form in its entirety and submit it to the ARB office.

1. Your information

No anonymous complaints can be taken. Your information is completely confidential and will not be disclosed. It is necessary so that we may contact you with any questions regarding your complaint or so we may inform you of the status of the investigation. We will not volunteer this information during the investigation, but is requested only to assist us in handling your request for service.

Name Phone Number Date of Report

Address Lot # / Subdivision Name

2. Person responsible for the violation(s)

Property Owner's Name Phone Number

3. Location of violation(s)

A street address is preferred and allows us to check pertinent information prior to making an on site inspection.

Address Lot # / Subdivision Name

4. Please describe the violation(s) you are reporting

Describe the violation as completely as possible.

What Happens Next

Upon receipt of the complaint, an ARB member will make a visit to the location. Once verified, the responsible party will receive a notice of the violation and be given a time frame to correct the problem. The time frame will vary with the type of violation.

ARCHITECTURAL BOARD

Site Visit Findings:

Violation(s) committed? Yes No

Were photos acquired? Yes No

Violation Notification mailed? Yes No Date: _____

Violation(s) rectification date: _____

Signed: _____ Date: _____
ARB Member

Follow Up:

Date: _____

Was violation(s) rectified? Yes No

Were photos acquired? Yes No

Further action required? Yes No

Comments:

Signed: _____
ARB Member

Date: _____