

LOCUST HILL CONDO ASSOCIATION

REQUEST FORM

This form must be completed and accompanied by *sufficient* evidence (photos, videos, other documentation) for the Association to process your request. The Association is unable to process and respond to incomplete requests. Complete requests will be added to the next meeting agenda.

For emergencies please call (802) 860-3315, extension 9.

The Association reserves its right to request additional information from the Requestor. Submission of this form and accompanying evidence does not guarantee the Association will take action.

Requestor Information

Name: _____

Address: _____

Phone: _____

Email: _____

Request: The nature of the request, including description of the *factual* basis of the alleged concern – Who, What, Where and When.

Regulation: State the specific Rule and Regulation, CC&R, and/or By-law article(s) associated with this Request.

Signature of Requestor: _____

Date: _____

Please email this form and supporting evidence to Property Management Associates: caleb@vtpma.com