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 LAKE NACIMIENTO
 PASO ROBLES CA 93446

Member Communication Form

Reporting Member Information

Date:	Lot/Tract:	Member ID:
Name:		
Address:		
Home Phone	Mobile Phone:	
Email Address:		
Preferred contact information:		
Member Signature:		

Incident Information

Person(s) Involved:	
Location of Incident:	
Date of Incident:	Time:

Description/Comments (Please attach additional comments, photos, and/or supporting documents)

Resolution and Follow-up (ALL reporting Members must be contacted)

Assigned Name (Print):	Assigned Signature:

Incident Routing and Response - Office Use Only

Received by:	Date:		
cc to GM:	Date:	Communication Request (CR) Updated and Closed	Date:
	Date:	Admin Notes	Date:
Person Assigned:	Date:		
Reporting Member Contacted	Date:		