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GATEHOUSE: (805) 227-6560

2130 HERITAGE LOOP ROAD PASO ROBLES, CA 93446

www.hroa.us

Member Communication Form

Reporting Member Informa	ttion				
Date:	L	ot/Tract:	N	Member ID:	
Name:					
Address:					
Home Phone			Mobile Phone:		
7.41					
Email Address:					
Preferred contact information:					
Member Signature:					
Incident Information					
Person(s) Involved:					
reison(s) involved.					
Location of Incident:					
Date of Incident:			Time:		
Description/Comments (Ple	ase attac	h additional comn	nents, photos, and/or	supporti	ng documents.)
		<u></u>		ouppor u	<u>g</u>
		More space	e on back.		
Incident Routing and Response -		e Only	1		
Received by: cc to GM:	Date:		Communication Re	o a u o a t	Date:
cc to divi:	Date:		(CR) Updated and		ра с е:
	Date:		Admin Notes		Date:
Person Assigned:	Date:				
Reporting Member Contacted	Date:				

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

Assigned Signature: Assigned Name (Print):

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