

MASTERS CLUB COVENANT COMPLAINT FORM

MAIL TO: LCM MANANGEMENT

1776 JACKSON STREET/SUITE 300-DENVER, CO 80210

Attn: Merle Helfman

Notice of Violation

Date: _____

Your Name: _____

Your Address: _____

Your Telephone Number: _____

Your E-mail address: _____

Information regarding incident(s): (Please include as much information as possible.)

Name of person committing the alleged violation: _____

Address of person committing the alleged violation: _____

Date(s) of alleged incident(s): _____

Please describe the incident(s) in as much detail as possible (use additional sheet(s) if necessary):

What statutes, covenants, or other rules were violated (please identify specific sections):

Did anyone else witness these incidents: _____

If the answer is "Yes," please state the witnesses' names, addresses and telephone numbers: _____

Please sign below: _____ Date _____