

LSPOA Community “Eye-Sore”
Complaint Form

This form is to identify the community “eye-sore” for submission to the LSPOA Building Committee for review and action.

Date: _____

Location: Lot number _____ Address _____

Description of “eye-sore”: _____

Include a picture to best describe the condition. --- [required]

Date picture was taken: _____

Name of person submitting the complaint form: _____
[not required]

The complaint will be reviewed by the Building Committee to verify that the complaint is valid. Action will then be taken by the LSPOA Board to address the issue, in conjunction with appropriate Township Officials.

LSPOA Office
PO Box 41
Somerset Center, MI 49281
517-252-5069