

**APPLE MOUNTAIN LAKE SOUTH  
PROPERTY OWNER'S ASSOCIATION**

**P. O. Box 171, Linden, VA 22642**

**Tel: 540-305-9781 Email: amlspoa@amlspoa.org**

Date Received: _____
Ackgt Mailed: _____
Add'l Info Rec'd: _____
Meeting Date: _____
Dec. Ltr Mailed: _____

**ASSOCIATION COMPLAINT FORM**

Pursuant to Chapter 29 of Title 55 of the Code of Virginia, the Board of Directors (Board) of the Apple Mountain Lake South Property Owners Association has established this complaint form for use by persons who wish to file written complaints with the Association regarding the action, inaction or decision by the governing board or Association inconsistent with Association bylaws, covenants or applicable laws and regulations.

Legibly describe the complaint in the area provided below, as well as the requested action or resolution of the issues described in the complaint. Please include references to the specific facts and circumstances at issue **and** note the specific Association bylaw or covenant or the provisions of Virginia laws and regulations that support the complaint. If there is insufficient space, please attach a separate sheet of paper to this complaint form. Also, attach any supporting documents, correspondence and other materials related to the complaint.

Which specific rule/law/regulation supports the complaint?

AMLSPOA Bylaw     AMLSPOA Covenant     Virginia law/regulation    Article/Section: \_\_\_\_\_

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Sign, date and print your name and address below and submit this completed form to the Association at the address listed above.

_____ Printed Name	_____ Signature	_____ Date
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\_\_\_\_\_  
Mailing Address

_____ Lot Number	_____ Phone Number	Contact Preference	<input type="checkbox"/> Phone	<input type="checkbox"/> E-mail
<input type="checkbox"/> U.S. Mail				

\_\_\_\_\_  
E-mail Address

If, after the Board's consideration and review of the complaint, the Board issues a final decision adverse to the complaint, you have the right to file a notice of final adverse decision with the Common Interest Community Board (CICB) in accordance with the regulations promulgated by the CICB. The notice shall be filed within 30 days of the date of the final adverse decision, shall be in writing on forms provided by the Office of the Common Interest Community Ombudsman (Ombudsman), shall include copies of any supporting documents, correspondence and other materials related to the decision, and shall be accompanied by a \$25 filing fee. The Ombudsman may be contacted at the Office of the Common Interest Community Ombudsman; Department of Professional and Occupational Regulation; 9960 Mayland Drive, Suite 400; Richmond, VA 23233. 804/367-2941  
CICOmbudsman@dpor.virginia.gov