

White Horse Park *Ocean City's Best kept Secret*

COMPLAINT AND SUGGESTION FORM

Owners Name _____ Lot # _____ Street Name _____

Date _____ E-mail Address _____

Mailing Address _____ City _____ State _____

Home Phone _____ WHP Phone _____ Cell _____

Please check one: Complaint _____ Suggestion _____ Problem _____ Praise _____

Details: _____

Signature _____

(Anonymous complaints are accepted, however the complaint will not receive a response as to the action taken)

Would you like a response? No _____ Yes _____ If yes, please circle one **Phone** **Email** **Other** _____

FOR OFFICE USE ONLY

Complaint Received Date _____ Signature _____

ACTION TAKEN BY Park Manager _____ Board Of Directors _____ Other _____

Owner Notified _____ By _____ Date _____