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GATEHOUSE: (805) 227-6560

2130 HERITAGE LOOP ROAD PASO ROBLES, CA 93446

www.hroa.us

## **Member Communication Form**

Reporting Member Informat	ion			
Date:	Lot/Tract:	Mem	iber ID:	
Name:				
Address:				
Home Phone		Mobile Phone:	Mobile Phone:	
Email Address:				
Preferred contact information:				
Member Signature:				
Member bignature.			3	
Incident Information				
Person(s) Involved:				
Location of Incident:				
Date of Incident:		Time:	Time:	
Description/Comments (Plea	ese attach additional com	ments nhotes and/or sur	morting documents )	
Description/ comments (1 lea	se duacii auditionai com	mento, photos, and/or sup	porting accuments.	
		ce on back.		
Incident Routing and Response - C		T		
Received by:	Date:			
cc to GM:	Date:	Communication Requ (CR) Updated and Clos		
	Date:	Admin Notes	Date:	
Person Assigned:	Date:			
Reporting Member Contacted	Date:			

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

## Assigned Name (Print): **Assigned Signature:**

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