

GREAT ISLAND SNOW COMMITTEE
SNOW REMOVAL COMPLAINT FORM

Date: _____

Resident: _____ Tel#: _____

Address: _____ Email: _____

Date of Complaint: _____ Time: _____

Description of complaint: _____

Vehicle identification - if possible: _____

If possible, the vehicle license number: _____

Please give this form to your Area Representative or drop this form at:

Great Island Overlook Clubhouse Attn: Great Island Snow Committee

Information below this line for snow committee use only

Date and Time received: _____

Snow Committee representative's initial observation report: _____

Interim report: _____

Case Closed date and report: _____

Initials: _____