



**Claremont Civic Association
Request for ARC to Research
Design Guideline Compliance**



Date: _____

Location (be as specific as possible): _____

What is your concern? Describe the situation in detail: _____

Provide the times and dates of occurrence and please attach photos if available: _____

**PLEASE NOTE: we are unable to take action on anonymous complaints.
Please contact the front office for help with a confidential concern.**

Submitted by: _____ **Address:** _____
Phone Number: _____ **Email:** _____

Office Use Only:

Committee or person assigned to: _____
Follow-up action taken: _____ **Date taken:** _____
Additional follow-up action needed? **If yes, on what date?** _____