



**COMMENT AND CONCERN FORM**  
Please Print or type

Today's Date \_\_\_\_\_

Your Name (required\*) \_\_\_\_\_

Your Address (required) \_\_\_\_\_

Your Telephone Number \_\_\_\_\_

Alleged Violator's Name \_\_\_\_\_

Alleged Violator's Address (required) \_\_\_\_\_

\_\_\_\_\_

Detail the facts and circumstances of the alleged violation of the covenant, condition, or restriction, and date(s) of the alleged violation. (Attach additional pages and pictures as necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the section of the Declaration of Covenants, Conditions, and Restrictions of your Community/Subdivision, or the rule or regulation that you claim is violated by such facts and circumstances.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Your Signature

\*A form with incomplete required fields will not be responded to

**Community Name:** \_\_\_\_\_

**c/o Cobblestone Management Group, LLC  
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