

**CYPRESS GATES RESIDENT REQUEST/CONCERN FORM**

Date: \_\_\_\_\_

Request or Concern (circle one)

Print Name: \_\_\_\_\_ Address: \_\_\_\_\_

Best Phone number to reach you: \_\_\_\_\_ Best Email: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature

Date

\*\*\*\*\*

Board use only:

Date Received \_\_\_\_\_ Assigned to Board member \_\_\_\_\_

Date Reviewed \_\_\_\_\_ Next Step \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date Closed: \_\_\_\_\_ Closed by \_\_\_\_\_

Mail to: Cypress Gates POA  
P O Box 1652  
Foley, Al 36536

OR

Email to: cypressgatesboard@gmail.com