

ALTERNATIVE DISPUTE RESOLUTION REQUEST FORM

Homeowner: _____

Address: _____

Telephone Number: _____

Second Party: _____

Address: _____

Telephone Number: _____

Which Covenant Restriction(s) and/or Bylaw(s) is being violated? _____

DESCRIBE THE DISPUTE:

(Attach additional pages if necessary)

Signature: _____ **Signature:** _____

Date: _____

Date: _____