

# NLLOA Restrictions Concern Form

## How Do We Reach You?

**First Name:**

**Last Name:**

**Street Address:**

**City:**

**State:**

**Zip Code or Postal Code:**

**E-Mail Address:**

**Home Phone:** ()  (Area Code)(Phone Number)  
(Numbers Only)

## Tell Us Your Concern...

Please Note If There Are Any Builder Signs

**Name of Owner/Builder You Are Concerned About:**

**Lot/Block:**

**Street Address/Location:**

**City:**

**State:**

**Zip Code or Postal Code:**

**Date of Initial Concern**  (Example: Feb. 12, 2000)

**Did You Contact the Builder/  
Owner?**

 (Yes or No)

**Are You Familiar With The  
Current Codes And Restrictions?**

 (Yes or No)

*If Yes Please Provide Which Codes And/Or  
Restrictions That Are Being Violated.*

**Explain The Problem: (Please Give  
An In Depth Detailed Description  
Of Your Concern):**

Date Received:

Restrictions Assessor: Print name

Signature

Contact Information – Please Call / Email / or Mail form to

Phone #

Email Address

Mail (snell mail)