

Thompson Gardens West Request/Complaint Form

Name _____

Unit Number _____

Phone Number _____

Request/Complaint: _____

Name of Other Party _____
(if applicable)

Unit Number of Other Party (if applicable) _____

Steps you have taken toward a resolution: (Please attach another sheet if more space is needed)

Your suggested solution: (Please attach another sheet if more space is needed)

If the Board would seek legal remedies in this matter, would you be willing to testify in court?

Yes

No

Signature _____ Date _____

Please be sure to sign this form and mail to the following address:

EMW Management Co., Inc.

P.O. Box 120533

East Haven, CT 06512