



HOMEOWNERS ASSOCIATION  
COMMENT CARD

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Home telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

EMAIL Address \_\_\_\_\_

Comments/Suggestions: \_\_\_\_\_

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

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*Received By:* \_\_\_\_\_ *Date Received:* \_\_\_\_\_

*Action Taken:* \_\_\_\_\_

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

**Mail to: P. O Box 462, Belle Chasse, LA 70037**