

HIDDEN HILLS COMMUNITY ASSOCIATION

GATE COMPLAINT/INCIDENT REPORT

Date of Incident: _____

Time of Incident: _____ a.m./p.m.

Gate: Burbank
Round Meadow
Long Valley

Name of Guard (if known): _____

Description of Incident:

Name (please print): _____ Date: _____

*****For Office Use Only*****

DATE FAXED TO NAGY@789-7855 _____