



# Park Tower CONDOMINIUM ASSOCIATION

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## THE PARK TOWER CONDOMINIUM ASSOCIATION UNIT OWNER COMPLAINT FORM

Unit Owner Name: \_\_\_\_\_

Unit No. and Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

Date of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Section of Condominium Property Act **OR** Common Interest Community Association Act

Claimed to Be Violated: \_\_\_\_\_:

Description of Event: \_\_\_\_\_

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

(Use Reverse Side or Additional Copies of Form if Necessary)

The following documents are attached concerning the Incident:

\_\_\_\_\_

Names and Contact Information for Witness(es) to Incident (if applicable)

\_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Unit Owner Signature Date