

BEECHWOOD CO-OPERATIVE HOMES INC.

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MEMBER CONCERN FORM

DATE: _____ UNIT #: _____

MEMBER NAME: _____

OFFICE USE ONLY RECEIVED ON:

DATE OF INCIDENT: _____

TIME OF INCIDENT: _____

DETAILS OF INCIDENT/CONCERN:

PROPOSTED RESOLUTION:

SIGNATURE: _____

PLEASE RETURN COMPLETED FORM TO THE CO-OP MANAGEMENT OFFICE