



Lexington North Shores Mobile Home Park  
5203 Main Street  
Lexington, Michigan 48450

RESIDENT COMPLAINT FORM

Date: \_\_\_\_\_  
Name of Resident: \_\_\_\_\_  
Lot Number: \_\_\_\_\_  
Contact Number: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has Your Complaint Been Previously Reported to Management?  Yes  No

If yes, to whom? \_\_\_\_\_

Please describe your complaint:

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