

Morgan's Crossing
Resident Covenant Inquiry

ACC Representatives
complete shaded sections below

Date Completed for Submission :	ACC Site Visit Date - Time:	
Resident Name:	ACC Rep Name:	
Resident Address:	ACC Rep Name:	
Telephone Number:	Preliminary Status: Confirmed or Undetermined	

Address of Property for Inquiry:

Dates concerns were observed:

Common Concern Types - Circle Item below if applicable:

Outbuilding - Tool Shed
- Yard Condition

Vehicles - Parking - Type

Trailers - Boats - RV - JetSki

Trash Cans - Animals - Noise *OTHER Please detail in Concern Detail Section*

Concern Detail:

Resident Checklist Circle and /or Comment:	Resident Comments or Section Numbers below	ACC Process Checklist:	ACC Rep Site Visit Comments Circle or note below
Covenant Number (s) of Concern: >>>		Complies with County Zoning? Y N	
Residential Zoning Regulation? Y N		Complies with Covenants? Y N	
Have you spoken to Resident? Y N		Need additional Information? Y N	
If Yes date, time est. and what was the response?		Estimated Month that written ACC Reply should be received:	