

EXHIBIT A
POLICY RESOLUTION NO. 1: ASSOCIATION COMPLAINT PROCEDURE FORM
Skyline Lakes Property Holders Association, Inc.

Mailing:	Board of Directors Skyline Lakes Property Holders Association, Inc. P.O. Box 507 Elkton, VA 22827
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ASSOCIATION COMPLAINT FORM
(for Complaints Against Association or the Board Association)

Pursuant to Section 54.1-2354.4 of the Code of Virginia, 1950, as amended, the Board of Directors ("Board") of Skyline Lakes Property Holders Association, Inc. (the "Association") has established this complaint form for use by persons who wish to register written complaints with the Association regarding the action, inaction or decision by the Association or its Board that they believe to be **inconsistent with applicable laws and regulations.**

1. Legibly describe your complaint in the area provided below, as well as the requested action or resolution of the issues described in the complaint. Include references to the specific facts and circumstances at issue and the provisions of Virginia laws and regulations that support the complaint. If there is insufficient space, attach a separate sheet of paper to this complaint form. Also, attach any supporting documents, correspondence and other materials related to the complaint (not including copies of laws, regulations or the Association's governing documents).

2. I consent , OR, do NOT consent to receive notices and communication regarding this matter via e-mail or fax number listed below. If I do NOT consent to electronic notices, communications and responses then all such notices, communications and responses will be sent via Certified Mail or Overnight Courier to be signed for by the recipient.

3. Sign, date & print your name and address below and submit this completed form to the Association at the above address.

Printed Name	Signature	Date
Mailing Address		
Lot Address		
E-mail Address	Phone Number	Fax Number

If, after the Board's consideration and review of the complaint, the Board issues a final decision adverse to the complaint, you have the right to file a notice of final adverse decision with the Virginia Common Interest Community Board (CICB) in accordance with the regulations promulgated by the CICB. The notice shall be filed within thirty (30) days of the date of the final adverse decision, shall be in writing on forms provided by the Office of the Common Interest Community Ombudsman (Ombudsman). shall include copies of any supporting documents, correspondence and other materials related to the decision, and shall be accompanied by a \$25.00 filing fee. The Ombudsman may be contacted at:

Office of the Common Interest Community Ombudsman
Department of Professional and Occupational Regulation
9960 Mayland Drive, Suite 400 Richmond, VA 23233
Phone: 804/367-2941
E-mail: CICOmbudsman@dpor.virginia.gov