

HOLIDAY CITY CAREFREE CORP.
TURFMASTERS
COMPLAINT FORM 2022



Date: _____

Date given to Forman: _____

Date Faxed: _____

NAME: _____

ADDRESS: _____

PHONE #: _____

NATURE OF COMPLAINT:

SIDING DAMAGE: _____ **BROKEN SPRINKLER HEAD(S):** _____

RUTS IN LAWN: _____ **MARKS MADE ON DRIVEWAY:** _____

DID NOT CUT: _____ **DID NOT WEEDWACK:** _____

OTHER: _____

LOCATION:

Front Right: _____ **Front Left:** _____ **Rear Right:** _____ **Rear Left:** _____

Right Side: _____ **Left Side:** _____ **Entire Lawn:** _____

Office use only:

Date completed: _____ **Not completed:** _____

Siding Repairs Pending: _____ **Estimated date of complaint:** _____

Comments by Turfmasters: _____
