



550 Vista Bella Oceanside, CA 92057  
Telephone 760.757.3937 FAX 760.757.8177

OCEANSIDE COMMUNITY ASSOCIATION

## COMPLIANCE REQUEST FORM

The following information must be completed in its entirety in order for OCA to proceed with notifying the homeowner. Incomplete forms will not be processed.

Date: \_\_\_\_\_

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Property you are reporting:

Unit #: \_\_\_\_\_ House #: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_

Occurrence Description:

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Your Signature: \_\_\_\_\_

**NOTE: All information received will be kept confidential. However, we cannot guarantee confidentiality should it result in a hearing before the Board of Directors.**