

ALTO LAKES SPECIAL ZONING DISTRICT

STR COMPLAINT FORM

WWW.NMALSZD.COM

Date: _____

Member Name: _____

Phone & email address: _____

Address of complaint: _____

Date of complaint: _____

Complaint/Issue: _____

Including any pictures: yes no

If additional information or pages are included, please indicate that in the above information. Any other relevant information should be included as part of this form and indicated.