



BRICKSHIRE

In The Heart Of Historic Virginia

MEMBER FEEDBACK FORM

NAME: _____

ADDRESS: _____

EMAIL: _____

PHONE: (____) _____

Please identify your area of concern.

- | | | | | | |
|--------------------|--------------------------|------------------------|--------------------------|----------------------|--------------------------|
| Board of Directors | <input type="checkbox"/> | Buildings & Grounds | <input type="checkbox"/> | Architectural Review | <input type="checkbox"/> |
| Covenants | <input type="checkbox"/> | Finance | <input type="checkbox"/> | Social/Children's | <input type="checkbox"/> |
| Long Range | <input type="checkbox"/> | Golf Course Operations | <input type="checkbox"/> | Communications | <input type="checkbox"/> |
| Management | <input type="checkbox"/> | | | | |

QUESTION OR ISSUE STATEMENT

Signature _____ Date _____

Once received, the comment form will be forwarded to the appropriate parties for review and a written response. A response may take up to 30-days depending on the committee meeting schedule. We appreciate your feedback!

*****For Administration Use*****

Date Received _____

Notes _____

Action _____

Date _____