



Horizontal Property Regime

43 Folly Field Rd., Hilton Head Island

Please use a separate form for each alleged violation.

Date of Complaint:_____ **Alleged Noncompliant Unit #:**_____

Alleged Noncompliant Owner (if known):_____

Date and Time Observed: _____

Description of alleged noncompliance: *(Please be specific and provide as much detail as possible)*

Photos attached (*helpful but not required*): ☐ Yes ☐ No

Anonymous complaints will not be investigated. This compliance request form, including the complainant's name, is part of the investigation record. The alleged non-compliant owner has the right to review the investigation record.

Requestor: _____ **Signature:** _____

Unit #: _____ **Email:** _____ **Phone #:** _____

Mailing Address:

Please return this form to the office of IMC Resort Services (address below) or email it to AJB@IMCHHI.com