

**UPCS Notice of Concern to DCA - Windshield Inspection**

**Date:** \_\_\_\_\_ **GA ID** \_\_\_\_\_ **Community Name** \_\_\_\_\_

**The following MAJOR health and safety violations were observed at your community.**

**Major Violations:**

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**Comments:**

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\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Consultant Name**

**Consultant:**

**Include copy of this form in the report.**

The Georgia Department of Community Affairs is committed to providing all persons with equal access to its services, programs, activities, education and employment regardless to race, color, national origin, religion, age, sex, familial status, marital status or disability.

