

VIOLATION COMPLAINT – WITNESS STATEMENT

PLEASE PRINT OR TYPE. Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

INFORMATION CONCERNING WITNESS(ES) TO VIOLATION

Reporting Witness (Name)	Address	Unit #	Phone #
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Name, Address, Unit # and Phone # of any other Witness

INFORMATION CONCERNING VIOLATOR

Violator's Name	Address	Unit #	Phone #
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Name, Address, Unit # and Phone # of Unit Owner, if not violator

INFORMATION CONCERNING VIOLATION

Violation Date	Time	Location
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Section of Declaration or Rule which was violated

Reporting Witnesses, Observations and Evidence:

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS.

Signature

Date Signed