VIOLATION COMPLAINT — WITNESS STATEMENT

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

INFORMATION CONCERNING WITNESS(ES	S) TO VIOLATION	
Witness Name	Address	Phone Number
Witness Name	Address	Phone Number
INFORMATION CONCERNING VIOLATOR		
Violator's Name	Address	Phone Number
Owner's Name	Address	Phone Number
INFORMATION CONCERNING VIOLATION		
Violation Date	Time	Location
Description of Violation (Article, Section, Witness' Observations:	Paragraph, or Page Number of	Declaration, By-Laws, or Rules and Regulations)
I WILL COOPERATE WITH THE ASSOCIATION AFFIDAVITS, AND IN THE EVENT A HEARIN	ON AND ITS ATTORNEYS TO PRO IG OR TRIAL IS NECESSARY, I W IMPLAINT, I AGREE TO PAY ALL	E AND NOT UPON WHAT HAS BEEN TOLD TO ME. DVIDE ADDITIONAL STATEMENTS OR 'ILL APPEAR TO TESTIFY AS A WITNESS. IF I COSTS AND ATTORNEYS' FEES LOST BY THE
Signature		 Date