

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

Witness's Name	Address	Unit #	Phone #
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Names, Addresses, Unit #'s & Phone #'s of any other Witnesses

INFORMATION CONCERNING VIOLATOR

Violator's Name	Address	Unit #	Phone #
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Name, Address, Unit # & Phone # of Unit Owner, if different

INFORMATION CONCERNING VIOLATION

Violation Date	Time	Location
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Section(s) of Declaration, Bylaws or Rules & Regulations which was violated

Witness' Observations: _____

Were any photograph or sound recordings made? Yes _____ No _____

By whom? _____
Include all tapes or photographs with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made and the name of anyone else who was present.

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL CO-OPERATE 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
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