

# VIOLATION COMPLAINT - WITNESS STATEMENT

PLEASE PRINT OR TYPE. Complete all known information, if unknown, so state. Attach additional sheets if necessary.

INFORMATION CONCERNING WITNESS (ES) TO VIOLATION:

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Witness's Name	Address	Unit No.	Phone No.
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Names, Addresses, Unit #'s & Phone #'s of any other Witnesses INFORMATION

CONCERNING VIOLATOR:

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Violator's Name	Address	Unit No.	Phone No.
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Name, Addresses, Unit # and Phone # of Unit Owner, if different INFORMATION

CONCERNING VIOLATION:

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Violation Date	Time	Location
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Section(s) of Declaration, By-Laws or Rules & Regulations violated

Witness' Observations:

Were any photographs or sound recordings made? Yes No By whom? \_\_\_\_\_

Include all tapes of 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 BE. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEY 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: