

# 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

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

## INFORMATION CONCERNING VIOLATOR

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

## INFORMATION CONCERNING VIOLATION

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

Reporting Witnesses, Observations and Evidence:

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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.

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Signature

Date Signed