

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 _____

Date _____

Parcel or Lot Address _____

Area Code - Phone number _____

ADDITIONAL WITNESSES

Name & Address _____

Area Code - Phone Number _____

Name & Address _____

Area Code - Phone Number _____

INFORMATION CONCERNING THE VIOLATOR

Violator's Name _____

Area Code - Phone Number _____

Parcel or Lot Address _____

Parcel or Lot Owner's Name, Address & Phone No. if different than the Violator. _____

INFORMATION CONCERNING THE VIOLATION

Violation Date _____

Time _____

Location _____

Section(s) of Master Declaration or Rules and Regulations that was violated _____

Reporting Witness' Observations:

_____	_____
_____	_____
_____	_____

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

Include any audio or videotapes or photographs with this form or forward as soon as possible. Include the name of the person who made the tape or photograph(s), the date it was made, the location 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 FULLY COOPERATE WITH THE CAB AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL _____ WILL NOT _____ APPEAR TO TESTIFY AS A WITNESS.

Signature _____