



Violation Report Witness Statement

Complete all the information you know. If unknown, please state so.

INFORMATION CONCERNING RESIDENT WITNESS(ES) TO VIOLATION

WITNESS' NAME (1)

WITNESS' NAME (2)

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

INFORMATION CONCERNING VIOLATOR(S)

VIOLATOR'S NAME (1)

VIOLATOR'S NAME (2)

ADDRESS

ADDRESS

PHONE NUMBER

PHONE NUMBER

INFORMATION CONCERNING VIOLATIONS

VIOLATION DATE

VIOLATION TIME

VIOLATION LOCATION

SECTION(S) OF DECLARATION, BY LAWS OR RULES & REGULATIONS WHICH WAS/WERE VIOLATED

WITNESS' OBSERVATIONS

WERE ANY PHOTOGRAPHS TAKEN? IF YES, BY WHOM?

Email or mail all photographs to the Association as soon as possible. Include photographer's name and date photographs were taken, and the names of any individuals present.

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. 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