



## REPORT OF VIOLATION

Violation Information				
DATE VIOLATION OBSERVED:  <i>( dd / mm / yyyy )</i>	TIME VIOLATION OBSERVED:  <i>( hh : mm ) ( a.m. or p.m. )</i>	DATE OF REPORT:  <i>( dd / mm / yyyy )</i>		
Address of Unit in Violation:	City:	State:	Zip Code:	
DESCRIPTION OF REPORTED VIOLATION:				
<i>( If there are multiple dates and times of alleged violation, please attach a detailed list )</i>				

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT ON WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS IN THE EVENT OF A HEARING, ARBITRATION, OR A TRIAL. IF NECESSARY, I WILL APPEAR AS A WITNESS.

Reporting Resident Signature			
Resident Signature:	Resident Name <i>(Printed)</i> :		
Address:	City:	State:	Zip Code:
Evening Phone:	Daytime Phone:	Cell Phone:	
Email Address <i>(if available)</i> :			