

Sweetwater At Indian Wells Homeowners Association, Inc.

VIOLATION COMPLAINT - WITNESS STATEMENT

PLEASE NOTE: A Violation Complaint must be completely filled out or the complaint will not be considered valid by the Board. After the report has been filed, the board will address the issue as they see necessary. **I**f necessary, you will be asked to appear at a hearing if one is requested by the violator.

Offender's Name Or Unit Number: _____

Violation Location: _____

Date of Violation: _____ Approx. Time: _____

VIOLATION(S) DESCRIPTION: _____

Were any photographs taken? ___Yes ___No

If so, by whom: _____

Attach all photographs to this form or forward as soon as possible. Include photographer's name and date taken, and the name(s) of anyone else who was present.

Report submitted by: _____

Phone: _____

Name & Unit Number: _____

I have made the above statements based on my personal knowledge and have seen this violation first hand. I will cooperate with the Association and its attorneys, if necessary to provide additional statements or affidavits, and, in the event of a hearing, I will appear to testify as a witness. I understand that I will not be updated in the details of the process being taken in regard to this violation.

Signature: _____

Date: _____