

The Parks of Dutchtown Homeowners' Association

Homeowner Complaint/Witness Statement

Please print or type. Complete all known information. Attach additional documentation if necessary.

Name: _____ Violator's Name: _____

Phone: _____ Violator's Phone: _____

Address: _____ Violator's Address: _____

Date of Violation: _____ **Time:** _____

Personal Description of Violation:

Restriction (s) Violated: _____

Were there any photographs or videos? Yes ____ No ____ (please attach)

By Whom? _____ Phone: _____

Include all tapes and photographs with this form or forward as soon as possible. Include the name and phone number of the person who made the tape or photograph, the date and the name of anyone else that was present. Any witnesses should fill out additional forms, providing their own personal statements.

I have made the above statement based on personal, first-hand knowledge and not upon what has been told to me. I will cooperate with the Association and its attorney to provide any additional statements or affidavits in the event a hearing or trial is necessary. I will appear to testify as a witness.

Printed Name Signature Date

(Office Use Only)-----

Inspected by: _____ Date: _____

Comments: _____

Suggested Action to be taken: _____

Review committee approval: _____ Board Approval: _____

Follow up scheduled for: _____