



Property. Different. Customized. Good Business. Management.

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OBSERVED VIOLATION INFRACTION

Date: _____

Community Name: _____

Co-Owner name observing violation: _____

Address: _____

Phone Number(s): _____

Best time to contact: _____

Address of Violation: _____

DESCRIPTION OF COMPLAINT

Please return this completed form by fax, mail or e-mail to the address at the top of the page.