



CONDOMINIUM ASSOCIATION
1519 EAST CENTRAL ROAD
ARLINGTON HEIGHTS, ILLINOIS 60005
(847) 228-5176 • Fax (847) 228-5190

VIOLATION COMPLAINT OR WITNESS STATEMENT

PLEASE PRINT

Please complete all the information requested as you know it. If unknown, please state so.
Attach additional sheets if necessary.

WITNESS TO AN ALLEGED VIOLATION

_____ Witness Name	_____ Address	_____ Phone Number
_____ Witness Name	_____ Address	_____ Phone Number

COMPLAINT OR WITNESS STATEMENT:

Individual(s) and or Address(s) of Individuals alleged to have committed violation(s):

_____ Alleged Violator's Name	_____ Address	_____ Phone Number
_____ Alleged Violator's Name	_____ Address	_____ Phone Number

INFORMATION CONCERNING REPORTED VIOLATION

_____ Violation Date(s)	_____ Time(s)	_____ Location(s)
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COMPLAINT or WITNESS STATEMENT(s):

*I make the above statement(s) based on my personal knowledge and **NOT** upon what has been told to me. In the event an Owner requests a Hearing before the Board or additional legal actions are required in accordance with the Dana Point's Rules affording an Owner due process, you may be asked to cooperate with the Association and its Attorney (if necessary) to provide additional statements or affidavits.*