



**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
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Witness Name	Address	Phone Number
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### **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
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Alleged Violator's Name	Address	Phone Number
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### **INFORMATION CONCERNING REPORTED VIOLATION**

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

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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.