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HOMEOWNERS ASSOCIATION NAME

HOMEOWNER VIOLATION REPORT / COMPLAINT FORM

FIRST NAME: _____ **LAST NAME:** _____
(Print) **(Print)**

YOUR ADDRESS: _____ UNIT: _____ (If Applicable)

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE/EMAIL: _____

****YOUR PHONE NUMBER/EMAIL WILL NOT BE RELEASED; IT IS FOR YOUR COMMUNITY MANAGER'S USE IN THE EVENT OF A QUESTION REGARDING THE INFORMATION SUBMITTED ON THIS FORM.**

ADDRESS OF PROPERTY ALLEGEDLY IN VIOLATION OF THE ASSOCIATION'S GOVERNING DOCUMENTS:

_____

DATE(S) THE VIOLATION(S) OCCURRED:

_____

NATURE OF THE VIOLATION(S):

_____

_____

_____

_____

_____

Please attach any supporting documentation (i.e., pictures) to this form and return.

Submit to: Association Name_____
c/o FirstService Residential
9000 E Pima Center Pkwy Suite 300
Scottsdale AZ 85258
TELEPHONE: (480) 551-4300 FAX: (480) 551-6000
www.fsresidental.com

Per Arizona law (A.R.S. 33-1242 and A.R.S. 33-1803) any complaint lodged with the Association will NOT remain anonymous. The person complaining of the alleged violation must state their first and last name and this information will be provided to the party who is accused of the violation. (If requested).

Signature of Observer: _____ **Date of Observation:** _____