## CENTENNIAL CROSSING HOMEOWNERS ASSOCIATION ALLEGED VIOLATION COMPLAINT WITNESS STATEMENT

DATE:		<del></del>	
TO:	THE BOARD OF DIRECTORS OF THE CENTENNIAL CROSSING HOMEOWNERS ASSOCIATION		
FROM:	Witness:		
	Address:	<u> </u>	
complaint will the Complain meeting. After	Il not be considered by the Board. A ant to appear at the hearing. The all	nt – Witness Statement must be completely filled out or the after the complaint has been filed, it may be necessary for leged violator, if known, will also be asked to attend this stermine if a violation has occurred and if a fine or other	
Offender's N	ame:	(If known-Company Name if applicable)	
Address:	· · ·		
Violation Lo	cation:		
Date of Viola	ation:	Approx. Time:	
	s of the Rules and Regulations which	omplete details of alleged violation including specific reference to h were violated:  ;	
	otographs taken? Yes Yes 'Yes', by whom?		
·	tnessed this violation on more than o	one occasion? Yes No	
If	"Yes", when?		
		notographs separately as soon as possible. Include the nes of anyone else who was present.	
	to provide additional statements or a	ersonal knowledge, I will cooperate with the Association and affidavits, and, in the event of a hearing or trial, I will appear	
Signature:		Date:	