

Report of Alleged Violation

INFORMATION REGARDING ALLEGED VIOLATION		
Name of Association		
Description of Alleged Violation		
Date of Occurrence	Time of Occurrence	
Name of Co-owner Where Alleged Violation Occurred		
Address of Occurrence	Bldg.#	Unit #

REPORTED BY			
Any notices to the alleged violator will not cite the name of the complainant, however you will be asked to appear at a hearing as a witness.			
Co-owner Name			
Address	Bldg.#	Unit #	Telephone
Co-owner's Signature			Date Reported

FOR OFFICE USE ONLY		
Date Received	Article	Section
Date Letter Sent	Completed By	<input type="checkbox"/> First Notice <input type="checkbox"/> Second Notice <input type="checkbox"/> Third Notice

Return this form to: Woodlands South Condominium Association
 C/o Herriman & Associates, Inc.
 41486 Wilcox Road
 Plymouth, MI 48170-3104
 734-459-5440 • Fax 734-459-0690