

RIVERSIDE TOWNES HOMEOWNERS ASSOCIATION

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VIOLATION COMPLAINT - WITNESS STATEMENT

Please print or type. Complete all the information you know. If unknown, please state so. Attach additional sheets if Necessary. Please be as specific as possible. The form must be signed.

Information concerning witness(es) to violation:

Witness Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Information concerning Violator:

Violator's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Information concerning violation:

Violation Date: _____ Violation Time: _____

Violation location: _____

Witness' Observations (Facts Only): _____

I make the above statements based on my personal knowledge and not upon what has been told to me. I will cooperate with the Association and its attorneys to provide additional statements or affidavits, and in the event a hearing or trial is necessary, I will appear to testify as a witness. Management and the Riverside Townes Board of Directors will do whatever can be done lawfully and in compliance with the Declarations of Covenants Conditions and Restrictions, Rules and Regulations for Riverside townes.

WITNESS SIGNATURE: _____ DATE: _____