

COMPLAINT FORM

DATE: _____

ALLEGED VIOLATOR:

NAME: _____ VEHICLE LICENCE # _____

ADDRESS: _____

ASSOCIATION: _____

DESCRIPTION OF VIOLATION (SPECIFY RULE, REGULATION, RESTRICTION YOU BELIVE WAS VIOLATED)

DATE TIME AND LOCATION OF VIOLATION:

ADDITIONAL FACTS OR COMMENTS (DESCRIPTION OF DOG, VEHICLE, ETC.)

COMPLAINT:

THE UNDERSIGNED HEREBY AGREES TO TESTIFY AT A HEARING BEFORE THE BOARD ON THE ABOVE COMPLAINT.

SIGNATURE: _____ NAME (PRINT): _____

ADDRESS: _____ PHONE# (DAY): _____

_____ PHONE# (NIGHT): _____

RETURN COMPLETED FORM TO:

ELITE COMMUNITY MANAGEMENT
38760 SKY CANYON DRIVE, SUITE C
MURRIETA, CA 92563
FAX: (951) 699-1661