

HIGHLAND SPRINGS COUNTRY CLUB
VIOLATION REPORT

I. Person Making Report:

Name: _____ Date: _____

Address: _____

Telephone Number: _____

II. Complaint/Concern

Date: _____ Time: _____ Location: _____

Description: (Please Print) _____

Vehicle License Number & Names (if known): _____

III. Additional Witness:

Name _____ Address: _____

Signature: _____

Please Note: The name of the person filing a complaint will be kept in strictest confidence by the management company. However, no action can be taken unless this form is completed and signed.

I. To be filled out by Association Personnel Only:

The above Violation Report has been reviewed and the following action taken:

- No Action Taken: _____
- First Warning Notice to be sent:
- Second Warning Notice to be sent
- Violation Notice to be sent: _____
- Hearing Notice to be sent. Hearing Date: _____

Comments: _____

Action Taken as Noted On: _____

Date: _____ Signature _____

Highland Springs Country Club

By: _____

Board of Directors