

VIOLATION COMPLAINT FORM

Effective September 21, 2006, Arizona statute requires that a member who receives a written notice that the member is in violation of the community documents may request certain information from the Association that includes: The first and last name of the person or persons who observed the violation.

When filled out and returned to the Association by mail to the address above, the signed form will be made a part of the Association's permanent record, and your name will be included in the Association's response to the homeowner receiving the violation in the event he/she contests the violation as provided for by A.R.S 33-1803 [Planned Communities] or A.R.S. 12-1242 [Condominiums]. No action will be taken by the Association unless the form is filled out in full and signed. In the event you choose not to provide your name and sign the form, the Community Manager will attempt to confirm the alleged violation when conducting his/her regular tour of the community.

| NAME OF ASSOCIATION: | | · | | |
|---|--|---|-----------------------------------|-------------------|
| CATEGORY OF VIOLATION: | | | | |
| Architectural Lands | caping | Pets | Noise | Nuisance |
| Parking Other | | | | |
| In the event you checked any category of to this complaint in the space following; in color to the best of your ability, and licens | า the event vou che | cked Parking | r please provide vehicl | e make, model and |
| | | | | |
| | A MATERIAL PROPERTY OF THE PRO | | | |
| DATE(S) and TIME(S) VIOLATION WAS | OBSERVED: | | | • |
| Dates(s) | | Times(s) | | - |
| NAME and/or ADDRESS OF HOMEOWN | ER AGAINST WH | | MPLAINT IS MADE*: | |
| | | | | |
| Print Your Name [first and last |] | *************************************** | Address or Lot/Unit [optional] | Number |
| Signature of Complainant | | | Date | |

MAIL TO: KMS

P.O. BOX 25466 TEMPE AZ 85285-5466 or

FAX TO:

480-820-7441