

RIVER'S EDGE CONDOMINIUM ASSOCIATION

VIOLATION COMPLAINT

DATE: _____

TO: River's Edge Condominium Association

Violator's Name: _____

(if known)

Unit No: _____ Address _____

Type of Violation:

_____ Parking Violation

_____ Noise Levels and Odors

_____ Pet Violation

_____ Other Violation (Section _____ - please specify)

Describe the nature of the Violation:

Signature of Witness (required) Your Building/Unit No. _____

Your Telephone Number: (773) _____

File one copy with the Managing Agent, one copy with Board of Directors and retain one copy.

(This form may be photocopied as needed)