

CHEROKEE HILLS CONDOMINIUM ASSOCIATION
BYLAW/RULES INFRACTION REPORT CLAIM

1. Please describe the specific violation/complaint, as follows:

(a) Name of the offending person, if known:

(b) Address of offending person, if known:

(c) Address where violation is occurring, if different than above:

(d) Description of violation:

(e) Date(s) and time(s) of violation occurrences:

2. Have you discussed the violation with the offending person and/or co-owners? ___ Yes ___ No.
If so, please recount details of conversation:

3. Please state any other relevant comments or information you may have in regard to this matter:

Your signature: _____

PLEASE PRINT:

Your name: _____

Your address: _____

Unit No. _____

Phone Number(s) Home: _____

Work: _____

Dated: _____

Please submit form to a Cherokee Hills Condominium Association Board member.

THIS PORTION FOR ASSOCIATION USE ONLY

Date received: _____

Date violating co-owner notified: _____

Action taken:

(a) Hearing timely requested by co-owner: ___ Yes ___ No

(b) Compliance with Bylaw met: ___ Yes ___ No

(c) Date turned over to attorney for handling: _____

Dated: _____

(signature of Association representative)

(print name and capacity of signor)