

## KIRKWOOD VIOLATION COMPLAINT FORM

RE: VIOLATION

I have observed and am reporting a violation of the Kirkwood Rules and Regulations or of the Declaration:

Violator's Name: \_\_\_\_\_ Address: \_\_\_\_\_ Kirkwood Drive, IL 60134  
(If Known)

Violation Date	Time	Location
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Witness Observations: \_\_\_\_\_

I make the above statements based on my personal knowledge and not upon what has been told to me. I am willing to attend an informal hearing and to testify to the above, if the violator requests such hearing.

This Violation Report must be completely filled out or the Board will not consider the complaint valid. After the report has been filed with the Board, it may be necessary for you to appear at the next regularly scheduled Board Meeting. The violator will be asked to attend the meeting. After hearing from both individuals, the Board will determine if a violation occurred and if a fine should be levied.

Note: In the event of a legal hearing or situation, I will cooperate with the Association, and its attorneys, to provide additional statements or affidavits, and I will appear to testify as a witness. If I refuse to testify after filing this complaint I agree to pay all costs and attorney's fees incurred by the Association as a result of this complaint and my failure to testify.

Signature(s)	Printed Name(s)	Date
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Address	City/State/Zip	Telephone
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For Office Use Only

\_\_\_\_\_ of the Declaration \_\_\_\_\_ Bylaws \_\_\_\_\_ Rules & Regulations \_\_\_\_\_  
Article      Section      Paragraph

Board Action: \_\_\_\_\_