

VIOLATION COMPLAINT

WILLOW BROOK ESTATES COMMUNITY ASSOCIATION, INC., UNITS 1, 2, 3

PLEASE PRINT OR TYPE. Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

INFORMATION CONCERNING WITNESS(ES) TO VIOLATION

Witness's Name	Address	Phone No.
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Names, Addresses and Phone Nos. of any other witnesses

INFORMATION CONCERNING VIOLATION

Violation Date	Time	Location
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Section(s) of Declaration, Bylaws or Rules & Regulations violated

Witness's Observations:

Were any photographs, video tapes, or sound recordings made? Yes [] No []

By Whom? _____

Include all sound/video tapes and/or photographs with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made, and the name of anyone else who was present.

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEY TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS. I AGREE TO APPEAR AS A WITNESS AT A HEARING AND/OR A TRIAL IF REQUESTED BY THE BOARD OF DIRECTORS.

Signature

Date signed

**WBECA Form # 002
Date issued: 7/04
Rev. 0**