

EXHIBIT A
Violation Complaint – Witness Statement

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

INFORMATION CONCERNING WITNESS(ES) TO VIOLATION	
<hr/> Witness Name	<hr/> Address
<hr/> Primary Phone	<hr/> Alternate phone (business or wireless)
Please list names and contact information for any additional witnesses:	
<hr/>	
<hr/>	

INFORMATION CONCERNING VIOLATOR		
<hr/> Violator Name	<hr/> Address	<hr/> Phone
<hr/> Homeowner Name (If different than Violator)	<hr/> Address	<hr/> Phone

INFORMATION CONCERNING VIOLATION		
<hr/> Violation Date	<hr/> Approximate Time	<hr/> Location
<hr/> Section reference(s) of Declaration, By-Laws or Rules and Regulations which was violated		
Witness Observations:		

I MAKE 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 ATTORNEYS TO PROVIDE ADDITIONAL STATEMENT OF AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS. IF I REFUSE TO TESTIFY AFTER FILING THIS COMPLAINT, I AGREE TO PAY ALL COSTS AND ATTORNEYS' FEES LOST BY THE ASSOCIATION AS A RESULT OF MY FAILURE TO TESTIFY.

Signature of Witness

Date