

**WESTERN SHORES 2ND ADDITION
VIOLATION FORM**

Once your violation form is received we will process it in a timely manner. Your confidentiality will be preserved, but your contact information is required so that we may contact you to clarify the information provided or obtain additional information, if necessary.

**Please completely fill in the information required below
WE ARE UNABLE TO PROCESS INCOMPLETE FORMS.
Thank you for helping us better serve you.**

ADDRESS OR AREA OF VIOLATION:

Name: _____

Address/Area: _____

VIOLATION: The nature & date of alleged violation, and a description of the factual basis of the violation (who what where when).

DATE: _____

DESCRIPTION: _____

REGULATION: State the specific Declaration of Restrictions and/or By-Law article being violated.

REQUIRED INFORMATION: (will remain confidential)

Your Name First _____ Last _____

Your Address: _____

Phone Number: _____

E-Mail: _____

Signature: _____ Date: _____

PLEASE RETURN TO: WESTERN SHORES 2nd ADDITION SECRETARY C/O Amy Winkler

INTERNAL USE ONLY

Should Action be taken:	President:	Yes ___ No ___	Vice President:	Yes ___ No ___
	Secretary:	Yes ___ No ___	Treasurer:	Yes ___ No ___
	Director 1:	Yes ___ No ___	Director 2:	Yes ___ No ___
	Director 3:	Yes ___ No ___		

ACTION TO BE TAKEN: _____

ACTION COMPLETED _____
PARTIES INFORMED _____