



# Silver Leaf Homeowners Association

## VIOLATION COMPLAINT - WITNESS STATEMENT

Please print or type. Complete all information. If unknown, please state so. Attach additional sheets if necessary.

### Information Concerning Witness(es) to Violation:

Witness Name	Address	Phone #
Witness Name	Address	Phone #

### Information Concerning Violator

Violator's Name	Address	Phone #
Owner's Name	Address	Phone #

### Information Concerning Violation:

Violation Date	Time	Location
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### Witness' Observations (description of events in relation to violation)

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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 statements or 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 cost and attorneys fees lost by the Association as a result of my failure to testify.

Signature	Date
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Please mail, fax, or email application to:  
 SILVER LEAF HOMEOWNERS ASSOCIATION c/o  
 Nemenich Consulting & Management  
 2756 Caton Farm Road Joliet, IL 60435  
 Fax to: 815-609-2335  
[info@silverleafhoa.org](mailto:info@silverleafhoa.org)