

VIOLATION FORM

All reports are kept confidential and use to communicate with you about your concern and to follow up after any actions of the Committee.

First Name

Last Name

Address

What is nature of violation? (Provide as much detail as possible)

How is this violation negatively affecting the community?

Date of report of violation _____

Specific Protective Covenant # in violation (if known). _____

If needed you may review the Protective Covenants online located Haywood Knolls Association web page under quick link – Realtors (haywoodknolls.org)

Have you reported this violation previously? Yes No