

APRIL 1997

ARCHITECTURAL CONTROL COMMITTEE

**COVENANT VIOLATION COMPLAINT FORM**

NAME (OPTIONAL) \_\_\_\_\_

ADDRESS (OPTIONAL) \_\_\_\_\_

DATE \_\_\_\_\_

ADDRESS OR LOCATION OF VIOLATION \_\_\_\_\_

NATURE OF VIOLATION AND COMMENTS \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit to the Chairperson or Secretary of this committee for consideration/action.