

Mill Creek Condominium Association

315 W. University Drive, Suite A
Arlington Heights, IL 60004

VIOLATION COMPLAINT - WITNESS STATEMENT

PLEASE NOTE: A Violation Complaint form must be completely filled out or the complaint will not be considered valid. It may be necessary for you to appear at a Hearing if the Owner disputes the allegations made against them and requests to present their case to the Board of Directors. After reviewing the complaint and hearing testimony from all present at the Hearing, the Board will determine if a violation has occurred and what action should be taken including, but not limited to, the levying of fines and penalties.

WITNESS NAME:

Witness Name(s): _____

Unit Address: _____ Unit No. _____

City/State: _____ Zip: _____

Email Address: _____ Phone: _____

INFORMATION CONCERNING VIOLATOR:

Violator's Name(s): _____

Unit Address: _____ Unit No. _____

INFORMATION CONCERNING VIOLATION:

Violation Date: _____ Violation Time: _____ AM or PM

Location of Violation Observed: _____

Were any other persons present to witness the incident? Yes No

Were any photographs taken? Yes No *If available, submit photos with form.*

WITNESS OBSERVATIONS: *(Please be specific and detailed. Attach additional sheets if necessary.)*

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 costs and attorneys' fees lost by the Association as a result of my failure to testify.

Printed Name: _____ **Date:** _____

Signature: _____