# RESERVE OF ELGIN HOMEOWNERS ASSOCIATION
# VIOLATION COMPLAINT - WITNESS STATEMENT

**PLEASE PRINT OR TYPE.** Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

## INFORMATION CONCERNING WITNESS(ES) TO VIOLATION

_____

Witness Name Address Phone Number

_____

Witness Name Address Phone Number

## INFORMATION CONCERNING VIOLATOR

_____

Violator's Name Address Phone Number

_____

Owner's Name Address Phone Number

## INFORMATION CONCERNING VIOLATION

_____

Violation Date Time Location

_____-_____-_____ of Declaration _____ By-Laws _____ Rules & Regulations _____

Article Section Paragraph

Witness' Observations:

_____

_____

_____

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.

_____ _____

Signature Date

RETURN TO: RESERVE OF ELGIN HOMEOWNERS ASSN.
% Foster Premier, Inc
750 West Lake Cook Road
Suite 190
Buffalo Grove, IL 60089
Fax: 847-459-1240