

Red Wing View Homeowners Association
Violation Report

Please Print or Type: Complete all the known information. If unknown please state so. The violator and /or witness may be asked to attend the next regularly scheduled board meeting to review the situation. After all information has been considered, the board will determine if a violation has occurred and if a fine should be levied.

INFORMATION CONCERNING WITNESS(ES) TO VIOLATION

Witness Name	Address	Phone Number
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Witness Name	Address	Phone Number
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INFORMATION CONCERNING SUSPECTED VIOLATION

Owner's Name	Address	Phone Number
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Owner's Name	Address	Phone Number
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INFORMATION CONCERNING SUSPECTED VIOLATION

Violation Date	Time	Location
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_____ - _____ - _____ of Declaration _____ By-Laws _____ Rules & Regulations _____
Article Section Paragraph

Witness' Observations:

I make the above statement based on my personal knowledge and not upon what has been told to me. I will cooperate with the association and its attorney 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 incurred by the association as a result of my failure to testify.

Signature	Date
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Mail Completed for to: **Vanguard Community Management, Inc.**
C/O Redwing View HOA
50 E. Commerce Drive Suite 110
Schaumburg, Illinois 60173