



**The
WOODS at COUNTRYSIDE CONDOMINIUMS**

Professionally Managed by Hughes & Associates, Ltd.

VIOLATION COMPLAINT-WITNESS STATEMENT

Please PRINT or type. Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

WITNESS NAME:	
ADDRESS AND UNIT #:	
PHONE #:	

INFORMATION CONCERNING VIOLATOR:

VIOLATOR'S NAME:	
ADDRESS AND UNIT #:	
PHONE #:	

INFORMATION CONCERNING VIOLATION:

VIOLATION DATE & TIME:	
LOCATION:	

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 fail to testify after filing this complaint, I agree to pay all costs and attorneys' fees by the Association as a result of my failure to testify.

Signature: _____

Printed Name: _____

Date Signed: _____

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