

**VIOLATION COMPLAINT – WITNESS STATEMENT**  
**Dominion Patio Homes Condominium Association No 1-A**

Please print or type. Complete all information. If unknown, please state so. Attach additional sheets, if necessary.

**Information Concerning Witness(es) to Violation:**

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Witness Name Number	Address	Phone
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Witness Name Number	Address	Phone
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**Information Concerning Violator:**

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Violator's Name	Address	Phone
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Owner's Name	Address	Phone
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**Information Concerning Violation:**

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Violation Date	Time	Location
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Witness' Observations (Description of Violation):

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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.

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Signature

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Date