

COVENANT VIOLATION FORM

COMPLAINANT

NAME: _____
ADDRESS: _____
PHONE: _____
EMAIL: _____

COVENANT VIOLATION

DATE: _____ TIME: _____

LOCATION OF VIOLATION

VIOLATOR: _____
ADDRESS: _____
LOT #: _____

PHOTO TAKEN YES: _____ NO: _____

NATURE OF EMERGENCY

OPEN BURNING: _____
TREE CUTTING: _____
OTHER (EXPLAIN): _____

(Office Use Only)

DISPOSITION

CC CHAIRPERSON: _____ COVENANTS REF: _____

VIOLATION: YES: _____ NO: _____

COPY OF COVENANTS INCLUDED: YES: _____ NO: _____

SIGNATURE: _____ DATE: _____

VALID VIOLATION - referred to HKOAI Secretary: SIGN: _____ DATE: _____

BOARD ACTION ATTACHED: _____