

OAKHURST COMMUNITY ASSOCIATION
RULES & REGULATIONS

WITNESS VIOLATION COMPLAINT

WITNESS: Name _____
Address _____
Telephone _____

ADDITIONAL WITNESS: Name _____
Address _____
Telephone _____

ALLEGED VIOLATOR: Name _____
Address _____
Telephone _____

VIOLATION DATE: _____ VIOLATION TIME: _____

SECTION OF CC&R, BY-LAWS OR RULES VIOLATED: _____

WITNESS' OBSERVATIONS:

WERE ANY PHOTOGRAPHS OR RECORDINGS MADE? _____ Yes _____ No

Include all tapes, photographs and details, i.e. vehicle model, color, license number with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made and the name of anyone else that was present.

I HAVE MADE 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.

Signature: _____ Date: _____

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**EXHIBIT B
NOTIFICATION OF SALE**

Seller must submit this completed form 30 days prior to the closing date along with a check for \$50.00 payable to Baum Property Services for a processing fee. Mail to: P.O. Box 46, Aurora, IL 60507-0046

Date: _____ **Property Address:** _____

SELLER Name(s) _____

Current _____ Forwarding _____

Address _____ Address _____

Telephone _____ Telephone _____

BUYER Names(s) _____

Current _____ Mailing _____

Address _____ Address _____

Telephone _____ Telephone _____

DATE OF CLOSING: _____ **DATE OF OCCUPANCY:** _____

SEND CLOSING LETTER TO: _____

Purchaser(s) and Seller(s) hereby state that the seller has provided the purchaser with the Declarations, By Laws and Rules & Regulations that govern the Oakhurst Community Association.

Seller's Signature

Date

Purchaser's Signature

Date