

OAKHURST COMMUNITY ASSOCIATION  
RULES & REGULATIONS

EXHIBIT "A"  
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: \_\_\_\_\_