

Sandia Heights Homeowners Association (SHHA)

Website: www.sandiahomeowners.org

COVENANT SUPPORT COMMITTEE (CSC)

Report of Suspected Covenant Violation

Date:

Person completing this report is **Complainant**. Subject of this report is **Alleged Violator**.
Complainant must be a current member of SHHA to file this report.

If you are not a current member of SHHA, then in order for the Covenant Support Committee to pursue this complaint, you must agree to establish membership for a minimum of ONE year. To agree to this requirement, please sign below.

Agree _____

It is the policy of the Covenant Support Committee to NOT divulge the name of the complainant filing this report to the Alleged Violator. However, should the violation be escalated to the stage of requiring court proceedings, the anonymity of the complainant can no longer be guaranteed.

Sections A thru D must be completed.

A. Complainant Information:

Name (Required):

Street Address (Required):

Unit # (Required):

Phone # (Required):

E-mail (optional):

B. Alleged Violator Information:

Name: (If known):

Property Location (Required):

Unit # (Required):

Phone # (If known):

C. Please detail reasons you believe a covenant violation has occurred (**cite which specific section of the covenants has been violated**): Covenants for the appropriate Unit or other Units can be found at the SHHA Website or at the SHHA Office:

NOTE: It is not required nor suggested that the complainant contact the violator.

Paragraph Number:

Violation:

D. Has Complainant contacted Alleged Violator about subject of this complaint (NOT a requirement)?

Yes No

If yes, what response was given?

Complainant's Signature:

***** ***** ***** ***** ***** ***** ***** ***** ***** *****

E. The following will be filled-in by the SHHA office

Assigned Committee Member:

Date Assigned:

Due Back Date: If possible, review should be within 20 days from assigned date