

ESPLANADE AT SOMMERS BEND COMMUNITY ASSOCIATION
Violation Complaint Report Form

Name: _____

Address: _____

Phone
Number: _____

Email
Address: _____

DETAILED DESCRIPTION OF INCIDENT (Please give as much information as possible such as date, time, name and address of person(s) involved, damage, location, license # or anything else which may be pertinent):

Provide the names and phone numbers of any witnesses:

1. _____
2. _____
3. _____
4. _____

Were any photographs taken? Yes No By whom? _____ Attach
all photographs to this form or forward to the Association as soon as possible. Include photographer's name
and date photographs were taken, and the names of any individuals 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 Signed

Printed Name

Esplanade at Sommers Bend Community Association
c/o Seabreeze Management
32176 Goldback Way
Temecula, CA. 92591
Phone: (951) 676-0471
Website: <https://esplanadeatsommersbend.communitysite.com/>