

**Somerfield Homeowners Association
Witness Statement Alleging Violation**

Please complete all the information you know. If unknown, please state so.
Attach additional sheets if necessary. (Please print or type)

Information concerning witness to violation:

Complainant's Name Address Phone

Names, addresses and phone # of any other witnesses

Information concerning alleged violator:

Violator's Name Address Phone

Information Concerning Violation:

Violation Date Time Location

Section(s) of Declaration, By-Laws or Rules and Regulations which was involved.

Witness' Observations: _____

Were any photograph or sound recordings made: Yes No

Include all tapes, photographs and details, i.e. vehicle model, color, license numbers, etc with this form and forward to Lang Property Management, 5001 Lincoln Ave, Lisle, IL 60532 or fax to: 630-725-9900

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: _____