

COVENANT VIOLATION FORM

COMPLAINANT

Name _____
Address _____
Phone# _____
E-Mail _____

COVENANT VIOLATION

Date _____ Time _____

LOCATION OF VIOLATION

Violator _____
Address _____
Lot # _____

PHOTO TAKEN YES _____ NO _____

NATURE OF EMERGENCY

Open burning _____

Tree cutting _____

Other (explain) _____

(Office Use Only)

DISPOSITION

CC Chairperson: _____ Covenants reference: _____

Violation: Yes _____ No _____

Copy of Covenants included: Yes _____ No _____

Sign _____ Date _____

Valid violation - Referred to HKOAI Secretary: Sign _____ Date _____

Board Action Attached: _____