



## VIOLATION COMPLAINT FORM

Effective September 21, 2006, Arizona statute requires that a member who received a written notice that the member is in violation of the community documents may request certain information from the Association that includes: **The first and last name of the person or persons who observed the violation.**

When filled out and returned to the Association by mail or fax, this signed form will be made a part of the Association's permanent record. In the event the recipient of the violation contests the violation by certified mail within ten business days after the date of the notice, your name will be included in the Association's response to the homeowner receiving the violation (per A.R.S. 33-1803 (Planned Communities) or A.R.S. 33-1242 (Condominiums)). The Association will take no action unless the form is filled out in full and signed. In the event that you choose not to provide your name and sign the form, Management will attempt to confirm the alleged violation when conducting his/her regular tour of the community. If you submit a picture of the violation, management may act as the observer and issue a letter. If a complaint is made against several Lots/Units, please use a separate form for each Lot/Unit. All complaints regarding pet nuisance must be taken up with the City in which you reside. All complaints regarding pets off leash must be taken up with Maricopa County Animal Care and Control.

Association Name: \_\_\_\_\_

Address in Violation: \_\_\_\_\_

Name of Occupant: \_\_\_\_\_

Type of violation: ☐ Architectural ☐ Landscaping ☐ Pets ☐ Noise ☐ Nuisance ☐ Parking ☐ Other

Date and Time Violation was Observed: \_\_\_\_\_

Frequency of Violation: \_\_\_\_\_

Please describe the violation which has led to this complaint in the space following; in the event you checked **parking**, please provide vehicle make, model, color and license plate number. If you checked other please explain below:

\_\_\_\_\_  
Print Your Name (First and Last)

\_\_\_\_\_  
Address or Lot/Unit Number

\_\_\_\_\_  
Signature of Complainant

\_\_\_\_\_  
Date

**Mail to:** (Address below) **Email to:** [support@azcms.com](mailto:support@azcms.com)

15300 N. 90<sup>th</sup> Street, Ste 800, Scottsdale, AZ 85260  
p: 480.355.1190 [www.azcms.com](http://www.azcms.com)