

THE CENTURY FARMS NEIGHBORHOOD ASSOCIATION RULES AND REGULATIONS

EXHIBIT "A"
WITNESS STATEMENT ALLEGING VIOLATION

WITNESS:

Name _____

Address _____

Telephone _____

ADDITIONAL WITNESS (if any):

Name _____

Address _____

Telephone _____

ALLEGED VIOLATOR (enter as much information as possible):

Name _____

Address _____

Telephone _____

VIOLATION DATE: _____ VIOLATION TIME: _____

SECTION OF CCR & E, BY-LAWS, OR RULES VIOLATED: _____

WITNESS' OBSERVATIONS:

WERE ANY PHOTOGRAPHS OR RECORDINGS MADE? ____ Yes ____ No
Include all tapes, photographs, and details (e.g., vehicle model, color, license number) with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made, and the name of anyone else present at the recording.

IMAKE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT ON 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: _____