

THE VILLAGE AT LITCHFIELD PARK  
RULES VIOLATION REPORT

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

Person Making Report:

Name and Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

Description of Rules Violation, as complete as possible: **This information is mandatory, including date and time violation was witnessed.**

Date, time and location of violation: \_\_\_\_\_

Description: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Description of Violator (as complete as possible):

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

Address: \_\_\_\_\_

Additional Witnesses:

1. Name and Address: \_\_\_\_\_

2. Name and Address: \_\_\_\_\_

3. Name and Address: \_\_\_\_\_

Please complete all items as completely as possible and return to:

TOTAL PROPERTY MANAGEMENT  
4020 N 20<sup>th</sup> St, Suite 310  
Phoenix, AZ 85016  
602) 952-5581 voice  
602) 952-7265 fax

State Statute requires that we provide the violating party with the first and last name of the person who witnessed the violation if properly requested. By signing below you are acknowledging your understanding that your first and last name may be provided to the violating party, and authorizing same. Please be reminded that this is NOT Association policy, it is required by state law.

I understand that my first and last name will be provided to the violating party.

\_\_\_\_\_  
Signature (Required)