



VIOLATION COMPLAINT FORM

Please COMPLETE, SIGN, and SUBMIT this form to the Board of Directors via email info@thelakesatdonegalsprings.com or mail **125 Charlan Boulevard; Mount Joy, Pennsylvania 17552.**

Violators Name and/or Address, if known: _____

Date(s) and time(s) the violation(s) were observed: _____

Type of Violation: (Please circle one)

- | | | | |
|---------------|-------------|----------------------|-----------------|
| Architectural | Landscaping | Exterior Maintenance | Parking/Vehicle |
| Trash | Pets | Noise/Nuisance | Other |

Please describe in detail the violation(s) that you observed: _____

Have you spoken with the resident about this matter? Yes: _____ No: _____ Date: _____

Name of Complainant: _____ Address: _____

Phone: _____ Email: _____ Date: _____

By submitting this form, you confirm that you witnessed the event(s) or item(s), which you consider to be a violation. You will not be contacted in response to this complaint, unless further communication is requested for the enforcement of the violations policy.

~~FOR HOA USE ONLY~~

Notes/Response:

