

VILLAS SCOTTSDALE II HOMEOWNERS ASSOCIATION
RULES VIOLATION REPORT

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 20th St, Suite 219
Phoenix, AZ 85016
602) 952-5581 voice
602) 952-7265 fax

Recent legislation requires that we provide the violating party with the first and last name of the person who witnessed the violation. By signing below you are acknowledging your understanding that your first and last name will 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)