## **REPORT A VIOLATION**

First and Last Name of Co-Owner who observed the violation:	
Address of Co-Owner who observed the violation:	
Address of the property allegedly in violation of the Association	on's Governing Documents:
Date(s) the Violations Occurred:	
Nature of the Violation:	
By signing below, I certify that I personally witnessed the alleged viola provide proof of such violation.	tion above and have the ability to
Signature of Co-Owner reporting this violation:	Date
Please submit this form and proof of alleged violation. Photographs ar	e preferred.
RETURN COMPLETED FORM T	O:
THE HILLS OF WATERFORD c/o KC Property Service, LLC 26711 W	oodward Ave. #310 Huntington Woods,

Or

MI 48070