

SMITHWICK CROSSING

COVENANT ENFORCEMENT/COMPLAINT FORM

Date: _____

Address of Violation/Complaint: _____

Name of homeowner (if known): _____

Violation/Complaint: _____

According to Covenants Paragraph: _____

Your name: _____

Your address: _____

(Your name and address is necessary to receive a response)

To be completed by Committee

Date Received: _____ Received by: _____

Date of Determination or Resolution _____

Notes: