

**CCHOA PROTECTIVE COVENANTS VIOLATION REPORT**

Date of Report: \_\_\_\_\_

**Violation Location Information:**

**Owner:** \_\_\_\_\_

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

**Description of the Violation:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Actions Taken Thus Far to Resolve the Matter:**

\_\_\_\_\_  
\_\_\_\_\_

**Complainant 1 Name:** \_\_\_\_\_

**Complainant 1 Telephone Number:** \_\_\_\_\_

**Complainant 1 E-Mail Address:** \_\_\_\_\_

**Complainant 2 Name:** \_\_\_\_\_

**Complainant 2 Telephone Number:** \_\_\_\_\_

**Complainant 2 E-Mail Address:** \_\_\_\_\_

Please attach any additional applicable information (e.g., pictures, drawings, etc.).

**VIOLATION REPORT (CCC REVIEW)**

**Primary Reviewer:** \_\_\_\_\_ **Completion Date:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

**Description of Findings:**

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**Actions Taken:**

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**Reviewer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_