
HOMEOWNERS ASSOCIATION NAME
HOMEOWNER VIOLATION REPORT / COMPLAINT FORM

FIRST NAME: _____ LAST NAME: _____

YOUR ADDRESS: _____ UNIT: _____ (If Applicable)

CITY: _____ STATE: _____ ZIP CODE: _____

DAYTIME PHONE/EMAIL: _____
****YOUR PHONE NUMBER/EMAIL WILL NOT BE RELEASED; IT IS FOR YOUR COMMUNITY MANAGER'S USE IN THE EVENT OF A QUESTION REGARDING THE INFORMATION SUBMITTED ON THIS FORM.**

ADDRESS OF PROPERTY ALLEGEDLY IN VIOLATION OF THE ASSOCIATION'S GOVERNING DOCUMENTS:

DATE(S) THE VIOLATION(S) OCCURRED:

NATURE OF THE VIOLATION(S):

Please attach any supporting documentation (i.e., pictures) to this form and return.

Submit to: Desert Ridge Community Association
5415 E High Street, Ste 133
Phoenix, AZ 85054
TELEPHONE: (480) 551-4553 FAX: (480) 551-6000

Email to: desertridge.az@fsresidential.com

Per Arizona law (A.R.S. 33-1242 and A.R.S. 33-1803) any complaint lodged with the Association will NOT remain anonymous. The person complaining of the alleged violation must state their first and last name and this information will be provided to the party who is accused of the violation. (If requested).

Signature of Observer: _____

Date of Observation: _____