View Terrace Homeowners Association

c/o CHAMPS/A Division of AAM, LLC
3520 Seagate Way • Suite 100
Oceanside, California 92056
(760)603-0501 · FAX (760)603-0505

COMPLAINT FORM

Date: _____

Alleged Violator:

Name:_____

Vehicle Make & License #: _____

Address: _____

Description of Violation (Specify Rule/Regulation, Restriction you believe was violated).
_____
_____
_____
_____
_____

Date, Time and Location of Violation: _____
_____
_____

Additional Facts or Comments (Description of Dog, Cat, Vehicle, etc.):
_____
_____
_____
_____

Complainant:

This complaint may be used as evidence in a hearing or lawsuit. I understand by filing this complaint I may be called to testify before the Board or a court of law.

Name: _____ **Signature:_____**
Please Print

Address: _____

Day Phone No.: _____ **Evening Phone No.: _____**