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**VIOLATION COMPLAINT - WITNESS STATEMENT**

**PLEASE PRINT OR TYPE.** Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

**INFORMATION CONCERNING WITNESS(ES) TO VIOLATION**

Reporting Witness (Name)	Address	Unit#	Phone#
Name, Address, Unit# and Phone# of any other Witness			

**INFORMATION CONCERNING VIOLATOR**

Violator's Name	Address	Unit#	Phone#
Name, Address, Unit# and Phone# of Unit Owner, if not violator			

**INFORMATION CONCERNING VIOLATION**

Violation Date	Time	Location
Section of Declaration or Rule which was violated		
Reporting Witnesses, Observations and Evidence:		

**I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL COOPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS.**

Signature

Date Signed

10/2020