

**PROTECTIVE COVENANT
NON COMPLIANCE / VIOLATION
REPORT**

Owner: _____
Address: _____
Phone: _____ Email: _____
Unit _____ Block _____ Lot _____ Date: _____

Description / History of Problem: (specifics as to the Protective Covenant being violated, location, dates, pictures if applicable)

Owners Resolution to the Problem: _____ Projected Resolution Date: _____

Owner Name: _____ Signature: _____ Date: _____

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ACC Approval/Denial (Reasons): ACC Chair: _____ Date: _____

Follow-up contact with Owner: Dates/History of Attempts to Resolve the Violation: (attached related documents as applicable)

OFFICE USE ONLY:
Attach this report to the Compliance Review Form
Attach a Copy of This Report with the Lien if Applicable