



# Silver Oaks Phase 1 Owners' Association, Inc. Alleged Covenant & Restriction Violation Form

Address where Alleged Violation is occurring:

\_\_\_\_\_

Covenant or Restriction being violated: \_\_\_\_\_

Description of Complaint:

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

This form may be remitted in one of three ways. (1) By mail to Silver Oaks Owners' Assoc., Inc., PO Box 1542, Crestview, FL, 32536 (2) Submit the form at an HOA meeting (3) Hand or e-mail to one of the board members listed on our website at <https://www.silveroaksfl.com/contacts/>.

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## [To be completed by HOA Board or Covenants Compliance Committee] Resolution of Complaint

Date Received: \_\_\_\_\_

Name: \_\_\_\_\_

Action Taken: \_\_\_\_\_ Cure Date: \_\_\_\_\_

In-Person Visit Date: \_\_\_\_\_

Letter Date: \_\_\_\_\_

Registered Letter Date: \_\_\_\_\_

Description of Action/Response:

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