



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 silveroaksfl.org.

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

Date Received: _____

Name: _____

Action Taken:	Cure Date: _____
<input type="checkbox"/> In-Person Visit	Date: _____
<input type="checkbox"/> Letter	Date: _____
<input type="checkbox"/> Registered Letter	Date: _____

Description of Action/Response:
