

PINE ISLAND RIDGE CONDOMINIUM 'G'
ASSOCIATION, INC.
9301 LAGOON PLACE
DAVIE, FLORIDA 33324
TEL. (954) 472-0137 -FAX (954) 472-5643

COMPLAINT INFORMATION

INFORMATION RE: VIOLATOR

Name _____

Name _____

Bldg. # _____

Bldg. # _____

Tel. # _____

Tel. # _____

(Briefly describe complaint and / or violation including names of all witnesses _____

Witness: _____

Witness: _____

Please answer the following:

Was Police notified YES _____ NO (If no, why not) _____

Describe action taken by police:

I, hereby, agree that, in consideration of any action taken by Pine Island Ridge Condominium "G" Association, Inc., with respect to this complaint, I will comply with every reasonable request of the Association in the prosecution correction of this complaint, including, but not limited to, appearing in court as a witness in any action filed in accordance herewith. In the event I fail to do so appear or comply with any request, I agree to pay the Association reasonable cost in said prosecution including, but limited to Court Cost and Attorney Fees for any action taken by the Association.

Complainant's signature _____

Date: _____