

**COLTON MEADOW HOMEOWNER'S ASSOCIATION, INC.  
PO BOX 103  
ST. GEORGES, DELAWARE 19733-0103**

**Report of Protective Covenant Violation**

**To be completed by submitter**

Name of Homeowner Submitting Report (complaint)

Name (Printed)

Signature

Date

\_\_\_\_\_

Address of submitter

Number Street

City

State

Zip

\_\_\_\_\_

Date submitted \_\_\_\_\_

Phone number to contact submitter about the problem (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

Specific reference to the protective covenants document Paragraph Number \_\_\_\_\_

Nature of the violation - specific problem \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date and time problem noticed \_\_\_\_\_

Address of problem occurrence

Number

Street

\_\_\_\_\_

Name of property owner if known \_\_\_\_\_

\_\_\_\_\_

**To be completed by committee**

Committee member assigned to contact property owner submitting complaint \_\_\_\_\_

Date and time property owner is notified of complaint \_\_\_\_\_

Results of first contact:

Result of second contact (if needed):

Final disposition: