



790 West 20<sup>th</sup> Street | Hialeah, Florida 33010  
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www.fourpointsproperty.com

## Violation Notification Form

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

Association Name:

\_\_\_\_\_

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Your Address: \_\_\_\_\_

Your E-mail Address: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please complete this form in its entirety, sign it, and submit it to Four Points Property Management, Inc. by mail, e-mail, or fax.**

The Condominium Association is unable to research or respond to a complaint without all the information requested.

**All requests are held in the strictest confidence.**

**1. Location of Violation**

Name (if known): \_\_\_\_\_

Address: \_\_\_\_\_

**2. Complaint (provide photo if available) - Explain nature of violation.**

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

**3. Resolution Attempts - Explain how you have tried to resolve the situation.**

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

Signature: \_\_\_\_\_