

**FORMAL COMPLAINT FOR VIOLATION OF CC&R'S AND/OR RULES OF THE  
CHERRYWOOD ESTATES HOMEOWNER ASSOCIATION**

\*VIOLATION DATE(S) \_\_\_\_\_

\*NAME(S) OF OFFENDING PARTY \_\_\_\_\_  
(If unknown, write "Tenant" or "Owner")

\*ADDRESS OF OFFENDING PARTY \_\_\_\_\_

If the offender is a tenant, please fill in the information below (if known):

PROPERTY OWNER \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_

\*NATURE OF COMPLAINT: (Please specify time, place, location, and action of offender and any other relevant information. Attach any pictures, if available.)

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

\*Additional Witnesses: Please list any additional witnesses to the violation below:

Witness #1:

NAME \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

Witness #2:

NAME \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

Witness #3:

NAME \_\_\_\_\_ Phone \_\_\_\_\_

ADDRESS \_\_\_\_\_

\*ALL ITEMS preceded by an asterisk (\*) must be filled in COMPLETELY in order for this complaint to be processed.

Mail or Fax this form to:

Cherrywood Estates HOA  
270 East Douglas Ave., 100C  
El Cajon, CA 92020  
(619) 334-1114 phn  
(619) 401-4028 fax

\*COMPLAINANT: \_\_\_\_\_  
(please print name)

\*Signature \_\_\_\_\_

\*Address \_\_\_\_\_

\*Phone Number \_\_\_\_\_