



## HIW RULES VIOLATION FORM

DATE: \_\_\_\_\_ NAME OF COMPLAINANT: \_\_\_\_\_

BUILDING: \_\_\_\_\_ UNIT: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL \_\_\_\_\_

### INFORMATION PERTAINING TO COMPLAINT

NAME (IF KNOWN) \_\_\_\_\_ BDG# \_\_\_\_\_ UNIT# \_\_\_\_\_

PARKING SPACE # \_\_\_\_\_ BAR CODE # \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_ State \_\_\_\_\_

DATE OF ACTUAL VIOLATION: \_\_\_\_\_

DESCRIPTION OF ISSUE

SUGGESTED SOLUTION (If Available)

SIGNATURE: \_\_\_\_\_

DATE \_\_\_\_\_