

Pioneer Trails Homeowners Association

Covenant Compliance Request

Alleged violator:

Date: _____

Name: _____

Address: _____

Div. _____ Lot _____

Description of alleged violation:

Covenant or policy violated:

Please be assured the information below will be kept confidential unless this matter is taken before a Court of Law. Anonymous complaints will not be since we are unable to determine if you actually live within PTHA boundaries.

Your Name: _____

Your Address: _____

Your Phone: _____

Covenant Compliance Inspection

Inspection: One Two Other _____

Findings:

Date Inspected: _____

Inspected by: _____

Print name: _____