

Phone: 520-546-3862  
Fax: 520-546-6795  
www.civano.org



10501 E Seven Generations Way  
Suite 109  
Tucson, AZ 85747

## Association Complaint Declaration

Per Arizona law (A.R.S. § 33-1242 and A.R.S. § 33-1803) any complaint lodged with the Association related to a violation will NOT remain anonymous. The person complaining of the alleged violation must provide his/her first and last name, the date(s) the violation occurred and was observed, and a detailed description of the violation. This information, along with the provision of the Community Documents that was violated, will be sent to the party who is accused of the violation.

TODAY'S DATE \_\_\_\_\_

All items below must be filled out prior to the HOA taking formal action.

ADDRESS OF THE PROPERTY OWNER ALLEGEDLY IN VIOLATION \_\_\_\_\_

\_\_\_\_\_

DESCRIPTION OF THE VIOLATION(S) who, what, when, & where: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE(S) THE VIOLATION(S) WERE OBSERVED \_\_\_\_\_

FIRST & LAST NAME and CONTACT INFORMATION OF THE INDIVIDUAL WHO OBSERVED THE VIOLATION

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

I have personal knowledge of the facts contained in this Declaration. I am competent to declare the facts contained. If requested, I agree to appear and possibly testify in an adjudicatory proceeding to the facts contained in this Declaration.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email

RETURN FORM TO CIVANO I: NEIGHBORHOOD I

Drop off at the HOA Office; By mail (address above); By fax to 520-546-6795 or email: [hoa@civano1.com](mailto:hoa@civano1.com)