

**PELHAM FALLS  
COVENANT VIOLATION COMPLAINT FORM**

Return by mail, fax or email to: HOA Community Mgt.  
400 Regent Park Ct. Suite 100  
Greenville, SC 29607  
Fax: 864 277-3308  
Email: arcdocs@hoaupstate.com

**CONTACT INFORMATION FOR ASSOCIATION MEMBER FILING COMPLAINT:**

*\*Complaint maybe filed by association members only  
\*Failure to provide contact information will render complaint invalid*

Date complaint filed: \_\_\_\_\_

Name: \_\_\_\_\_

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

Phone number: \_\_\_\_\_

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

**COMPLAINT**

As a property owner within the association listed above, I do swear and confirm that on or about \_\_\_\_\_ (date of violation), I did witness the following event(s) or occurrence(s) which I consider to be a violation of the restrictive covenants:

*\*Person filing complaint responsible to review restrictive covenants to determine if event / occurrence is prohibited*

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Address where violation occurred: \_\_\_\_\_

Photos or other documentation included with this complaint: YES \_\_\_\_\_ NO \_\_\_\_\_

*\*Complaints including photos or other documentation must be mailed*

***Please keep a copy of this complaint for your records, as copies of the complaint will not be provided by our office.  
You will not be contacted in response to this complaint, unless further communication is required for enforcement.***