REPORT OF VIOLATIONS OF THE DECLARATIONS AND REGULATIONS The name and address of the person reporting will be kept confidential

| Email: Violations@mjsmgt.com Mail to: 4910 Trenholm Road, Suite C, Columbia, SC 29206 | Phone: (803) 743-0600 Fax: (803) 728-8786 |
|--|---|
| Community Name: | Date of Report: |
| Name of Complainant: | |
| Address:County: | |
| Day Time Phone Number: Email: | |
| Name of Home Ovener in Violetian (if known). | |
| Address of Violation: | Lat # (if known): |
| Written Description of Violation, including Date & Time of Comp | laint: |
| | |
| | |
| Signature 1 | |
| Signature 3 ASSOCIATION USE ONLY: | Required: |
| Signature 3 ASSOCIATION USE ONLY: | Required: |
| Signature 1 | Required: ess: |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: | Required: ess: Date Emailed: |
| Signature ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: | Required: ess: Date Emailed: Lot: |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: | Required: ess: Date Emailed: Lot: |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: | Required: ess: Date Emailed: Lot: |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: Violation: 1st:2nd:3rd:4 | Required: ess: Date Emailed: Lot: |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: Violation: 1st:2nd:3rd:4 | Required: Date Emailed: Lot: 5 th : |
| Signature I ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: Violation: 1st:2nd:3rd:4 | Required: ess: Date Emailed: Lot: |
| Signature | Required: Date Emailed: Lot: |
| Signature | Required: Date Emailed: Lot: **th:5th: 5th: |
| ASSOCIATION USE ONLY: Name:Email Addr Mailing Address: City:State:Zip: Property Address: Violation: 1st:2nd:3rd:4 Violation: | Required: Date Emailed: Lot: |