



Museum Park Lofts

125 East 13th Street, Chicago, IL 60605
(312) 235-0486

VIOLATION COMPLAINT - WITNESS STATEMENT

PLEASE PRINT OR TYPE. Complete all the information you know. If unknown, please state so. Attach additional sheets if necessary.

INFORMATION CONCERNING WITNESS (ES) TO VIOLATION

Reporting Witness' Name Address Unit No. Phone Number

Name, Addresses, Unit #'s & Phone #'s of any other Witnesses

INFORMATION CONCERNING VIOLATOR

Violator's Name Address Unit No. Phone Number

Name, Address, Unit # & Phone # of Unit Owner, if different from Violator

INFORMATION CONCERNING VIOLATION

Violation Date Time Location

Section(s) of Declaration, Bylaws or Rules which were violated.

Reporting Witness' Observations: _____

Were any photographs or sound recordings made? Yes__ No__ By Whom?

Include all audio or video tapes or photographs with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made, the location it was made and the name of anyone else who was present.

I HAVE MADE THE ABOVE STATEMENTS BASED ON MY PERSONAL KNOWLEDGE AND NOT UPON WHAT HAS BEEN TOLD TO ME. I WILL FULLY CO-OPERATE WITH THE ASSOCIATION AND ITS ATTORNEYS TO PROVIDE ADDITIONAL STATEMENTS OR AFFIDAVITS, AND IN THE EVENT A HEARING OR TRIAL IS NECESSARY, I WILL APPEAR TO TESTIFY AS A WITNESS.

Signature

Date Signed