

**EXHIBIT 1 – Witness Violation Complaint**

**The Enclave at Galewood Crossing Association  
Witness Violation Complaint Form**

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**WITNESS 1:**      **Name** \_\_\_\_\_  
                          **Street Address** \_\_\_\_\_  
                          **Telephone** \_\_\_\_\_  
                          **Email** \_\_\_\_\_

**WITNESS 2:**      **Name** \_\_\_\_\_  
**(if applicable)**    **Street Address** \_\_\_\_\_  
                          **Telephone** \_\_\_\_\_  
                          **Email** \_\_\_\_\_

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**Violator**            **Name** \_\_\_\_\_  
                          **Street Address** \_\_\_\_\_

**Violation:**        **Date** \_\_\_\_\_  
                          **Time** \_\_\_\_\_  
                          **Description:** \_\_\_\_\_  
                          \_\_\_\_\_  
                          \_\_\_\_\_  
                          \_\_\_\_\_

Section of Declaration, By-Laws, Rules & Regulations or Design Review Guidelines violated: \_\_\_\_\_

Were any photographs or recordings made of the violation?     Yes     No Please include all tapes, photographs, details (i.e. vehicle model, color, license plate number) 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 and the name of anyone else that was present.

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

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