

TWIN ROCK IMPROVEMENT ASSOCIATION
P O BOX 534
DIVIDE CO 80814

COVENANTS, BYLAWS, POLICIES & PROCEDURES
VIOLATION COMPLAINT FORM

Date of Complaint: _____ TRIA Owner in Violation: _____

Street Address of Violation: _____

Legal Address of Violation: _____

Detailed Description of Violation: _____

Specific TRIA Covenant, Bylaw, Policy or Procedure Governing Violation: _____

Complaining TRIA Owner:

Name: _____ Signature: _____
Address: _____ Phone Number: _____

TRIA Board Review:

Date: _____

Action Taken: _____

Date Resolved: _____ Board Member Signature: _____