

# Crystal Crossing Homeowners Association

## HOMEOWNER RESPONSE FORM

DATE: \_\_\_\_\_  
(Please return to Teleos Management Group)

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

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

Homeowners Address (if different): \_\_\_\_\_

*Please check below which situation applies to you and provide details*

Report a violation

What \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where \_\_\_\_\_ Date observed \_\_\_\_\_

Respond to a violation letter dated \_\_\_\_\_

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Request information about

Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

You have a right to, within 14 days from the date of the above date to request a hearing at the next HOA Board meeting to discuss your violation and/or fine. Check the appropriate box.

Request a hearing

Do not request a hearing

\_\_\_\_\_  
Homeowner Signature

\_\_\_\_\_  
Print Homeowner Name