



Violation Report

I understand that by submitting this form, I agree to aid the Board, and/or other entities in bringing about enforcement in this matter. I further understand that the Board will not provide the names of complainants to the person perceived to be in violation.

Name of Person Making Report: _____

Address: _____

Day Phone Number: _____

Email Address: _____

Name of Person Perceived to be in Violation: _____

Address of Person Perceived to be in Violation: _____

Nature of Violation: ARC Standards CCR Pool Tennis Lake Other

Type of Violation: Mailbox Yard Nuisance Signs Vehicles ARC Rule Other

Description of Violation:

Detail of Violation:

Date Received/Case Number: _____/_____

Date Validated/Reviewer: _____/_____

Date Received by HOA Secretary _____

Letter Type and Date: _____

Comments of Reviewer: _____

Mail Completed Form to:
Sovereign Homeowners Association

330 Lake Sovereign Court

Canton, Georgia 30114

Email Completed Form to: Lake
architectural@lakesovereign.net