Request for Action by NASWC on Perceived Restrictive Covenants Violation

To be filled out by the person or persons making the complaint to the Neighborhood Association of Southwestern Williamson Co.

This complaint is about the property at (give address):	
Legal name of resident at the above address:	
Phone number(s) of above resident:	
Legal name of owner if not the same as resident:	
Phone number(s) of owner:	
	y you believe there is a violation of the Deed Restrictions at the above address (You can use the other paperwork, photos, or information you would like the committee to consider)
	neowners to attempt to work out differences before coming to the Association, unless special wners from discussing the problem together.
Prior to this request, did you atte	empt to resolve the issue with the owner or resident of the property? Yes No
If yes, what actions did you take	? Please describe (include dates if possible) and describe the response you received, if any:
If you answered no, please expla	ain why you did not attempt to resolve the issue on your own?
Your name	
Your address:	
Home phone:	Work phone:
Date	Signature

Please complete this form online, print, sign, and mail to: