

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: _____

In your own words, describe why you believe there is a violation of the Deed Restrictions at the above address (You can use the back of this form and/or attach other paperwork, photos, or information you would like the committee to consider)

NASWC policy encourages homeowners to attempt to work out differences before coming to the Association, unless special circumstances have kept homeowners from discussing the problem together.

Prior to this request, did you attempt 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 explain 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:

NASWC P. O. Box 170297 Austin, TX 78717