

EXHIBIT C

**The Pines Townhome Association
Violation Report**

Type of Violation: _____

Date of Violation: _____ Time of Violation: _____

Name of Violator: _____

Address of Violator: _____

Detailed Description of Violation: _____

Your Name: _____

Your Address: _____

Your Phone Number: _____ Today's Date: _____

In order for this violation report to be valid, the Association must have the name and/or address of the violator. Your name and address must also be indicated, and you must be willing to appear and testify at a hearing which may be called to determine a course of action for correction of the alleged violation.

MANAGEMENT REALTY PARTNERS
2704 GRAND AVENUE
WAUKEGAN, ILLINOIS 60085