



A Master-Planned Community of Distinction

Spring Mills Subdivision

Unit Owners' Association, Inc.

<http://springmills.org>

P.O. Box 421
Martinsburg, WV 25402

304-274-3086
Info@springmills.org

Dear Spring Mills Unit Owners' Association Member:

We have received your inquiry regarding a violation of the Declaration of Covenants, Conditions and Restrictions for the Spring Mills Subdivision.

Attached is the form for submitting a formal complaint for action by your Board of Directors and/or an appropriate committee within the Board.

Please be sure to complete and sign the form for record with the understanding that your personal information will not be divulged.

It is particularly important that you cite the section of the Declaration of Covenants, Conditions and Restrictions you feel is being violated, along with as much information as you can regarding the person or persons violating the CCRs.

The Board will notify you of any action taken, or as to why no action will be taken. Please allow thirty (30) days for your Board to investigate and respond.

We appreciate your willingness to participate in maintaining the quality of the Spring Mills Subdivision.

Sincerely,

Board of Directors
Spring Mills Unit Owner's Association
P.O. Box 421
Martinsburg, WV 25402
304-274-3086
info@springmills.org
www.springmills.org

Covenants, Conditions and Restrictions Violation Form
Spring Mills Unit Owners' Association

Note: Your name and other personal information will not be revealed to the alleged violator. We only need this information in case we need to contact you for further details of the alleged violation. (* required information)

*Your Name _____ *Date (mm/dd/yyyy) _____

*Street & Number _____

*City _____, State _____ Zip _____

Note: Only those who own property in Spring Mills Subdivision may submit code violation reports. If the above address is not in Spring Mills, please list the address of the property in Spring Mills that you own:

Street Number _____, Falling Waters, WV 25419

*Your Telephone Number _____

*Your Email Address: _____

Alleged Violator's Name (if known) _____

Alleged Violator's Address: _____, Falling Waters, WV 25419

*Detail the facts and circumstances of the alleged violation of the covenant, condition or restriction, and date(s) of the alleged violation - continue on back if needed.

*List the section of the Declaration of Covenants, Conditions and Restrictions of Spring Mills Subdivision or the rule or regulation that you believe is being violated by such facts and circumstances:

Return to,

Signature

Spring Mills Unit Owner's Association
P.O. Box 421
Martinsburg, WV 25402
304-274-3086

<http://www.springmills.org> – e-mail: info@springmills.org

****All personal information will be confidential and not disclosed.**