

FOXBORO COVENTRY TOWNS

Violation Witness Form

Witness Name: _____

Address: _____

Phone #: _____

Additional Witness Name: _____

Address: _____

Phone #: _____

Alleged Violator
Name: _____

Address: _____

Phone #: _____

Violation Date: _____ Violation Time: _____

Witness Observation: _____

Were any photos or recordings made? Yes _____ No _____

Include all tapes, photographs and details, i.e. vehicle model, color, license number with this form or forward as soon as possible. Include the name of the person who made the tape or photograph, the date it was made and the name of anyone else that was present.

I have made the above statements based on my personal knowledge and not upon what has been told to me. I will cooperate with the association and its attorneys to provide additional statements or affidavits and, in the event a hearing or trial is necessary, I will appear to testify as a witness.

Signature

Date