REPORT OF VIOLATIONS OF THE DECLARATIONS AND REGULATIONS The name and address of the person reporting will be kept confidential

The name and address of the person reporting will be kept confidential

Email: Violations@mjsmgt.com

Phone: (803) 743-0600

Community Name: ELDERS P O	OND	D	ate of Report:
Name of Complainant:		_	Lot #:
Address:	County:		
Day Time Phone Number:	Email:		
Name of Home Owner in Viola	ntion (if known):		
Address of Violation:			Lot # (if known):
Written Description of violation			
	Signatu	re Require	d:
		re Require	d:
		re Require	d:
ASSOCIATION USE O	NLY:		
ASSOCIATION USE O	NLY: Email A	ddress:	
ASSOCIATION USE OF Name:	NLY: Email A	ddress:	
ASSOCIATION USE OF State: State:	NLY: Email A Zip:	ddress: D	ate Emailed:
ASSOCIATION USE OF Name: Mailing Address: City: State: Property Address:	NLY:Email AZip:	ddress: D	ate Emailed:
ASSOCIATION USE OF Name:	NLY:Email AZip:	ddress: D	eate Emailed: Lot:
ASSOCIATION USE OF Name: Mailing Address: State: State: State: Violation: 1st: 2nd: 2nd: State: _	NLY:Email AZip:	ddress: D	eate Emailed: Lot:
ASSOCIATION USE OF Name: Mailing Address: State: State: State: Violation: 2nd: 2nd: State: State	NLY:Email AZip:	ddress: D	Pate Emailed:
ASSOCIATION USE OF Name:	NLY:Email AZip:	ddress: D	Pate Emailed:
ASSOCIATION USE OF Name:	NLY:Email AZip:	ddress: D4 th :	Pate Emailed:
ASSOCIATION USE OF Name: Mailing Address: City: State: Property Address:	NLY:Email AZip:	ddress: D	Pate Emailed: