



# Pool Rule Infraction Form

Electronic version of this form can be found and submitted on our website at:  
[www.bhrechoa.com/forms](http://www.bhrechoa.com/forms)

This is the Beacon Hill Recreation Association Board of Directors official process for Pool Rule Infractions to be addressed. All Forms will be confidential and handled timely. ALL Pool Rule Infraction Forms will be Anonymous. Resident information will ONLY be provided to Management and the Recreation Association Board of Directors for investigation purposes.

Management will investigate the Pool Rule Infraction and advise the Recreation Association Board of Directors on the outcome and resolution. Please make sure to put the correct date and time below.

Thank you for helping us to help you.

**Infraction Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

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## **Person Reporting the Infraction**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Homeowner

Tenant

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## **Person or Persons involved in the infraction**

(If all of the information below is not known, please provide what you can)

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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## **Infraction**

Please describe the nature and date of the alleged infraction and the factual basis of the complaint. Who, What, Where, When, etc.

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## **Regulation**

Please state the specific Rule and Regulations that the infraction applies to.

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## **Witness(es) Information**

**(complete only if witness(es) agree to their contact information being shared)**

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

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**\*\* Please place this completed Pool Violation Form in the Secure Black Box located outside of the Maintenance Garage Doors. Thank You! \*\***