

CLAIM FORM

Purpose: This form shall be used to assert a claim against the Shadow Run Townhomes Homeowners Association, Inc. (the "Association") for alleged damages to your ("Claimant") Lot arising out of or relating to the Association's maintenance and repair obligations ("Claim"), which are set forth in Article V of the Amended and Restated Declaration of Covenants, Conditions and Restrictions of Shadow Run Townhomes.

1. Claimant information:

Name: _____

Address: _____

Home Tel. #: _____ Work Tel #: _____

Fax #: _____ Email: _____

2. Claim information:

Date: _____ Time: _____

Location of Claim: _____

Description of Claim: _____

Description of damages: _____

Total amount of damages attributed to the Association: _____

Description of how the Claim caused such damages: _____

Description of actions taken by the Claimant to avoid or minimize damages: _____

Other parties Claimant attributes liability to: _____

3. If the Claimant has submitted the Claim to an insurer, please provide the name, address, and phone number of your insurer, policy number, and describe any compensation received: _____

4. Witnesses:

Name: _____ Tel. #: _____
Address: _____

Name: _____ Tel. #: _____
Address: _____

5. List of documents or attachments (attach additional information as necessary):

- a. _____
- b. _____
- c. _____
- d. _____
- e. _____

I, the undersigned, certify that, to the best of my knowledge and belief, the information contained in this form represents all material facts and is true.

Claimant's Signature Date

Printed Name of Claimant