

# WELLINGTON



## Notice of Violation Correction Form

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

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

Daytime Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

I have applied for / / or corrected / / the following items listed:

\_\_\_\_\_

\_\_\_\_\_

On the following date: \_\_\_\_\_

Additional comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please return this form by MAIL to: Wellington Community Association, 9700 Wellington Road, Manassas, VA 20110 (or deposit in our drop-box after hours).

Or by FAX to: (703) 330-6982

Thank you for abating the violation and returning this form.