

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.