



Arizona Department of Real Estate (ADRE)

Homeowners Association Dispute Resolution

www.azre.gov

100 North 15th Avenue, Suite 201, Phoenix, Arizona 85007

KATIE HOBBS
GOVERNOR

SUSAN NICOLSON
COMMISSIONER

HOMEOWNERS ASSOCIATION (HOA) DISPUTE PROCESS PETITION

PETITIONER: (YOUR NAME AND ADDRESS) The person or association completing this form is the Petitioner.

Homeowner (Last, First & M.I) or Association Name: Shadden, Keith A.			
Address: 18600 W. Pioneer ST	City: Goodyear	State: AZ	Zip Code: 85338
Phone Number: 307-630-1328	Email address: keith.shadden@park.edu		

If an attorney represents you, complete the following section.

Does an attorney represent you in this matter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Has a lawsuit been filed regarding this matter? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Attorney Name:		Law Firm:	
Address:	Suite:	City:	State: Zip Code:
Office Phone:	Fax:	Email address:	

INVOLVED PARTIES: (An owner's petition (complaint) must be about a dispute between the owner and the association. An association's petition (complaint) must be about a dispute between the association and the owner.)

PETITIONER IS A (you are a): <input checked="" type="checkbox"/> Homeowner <input type="checkbox"/> Condominium/Community Association <input type="checkbox"/> Planned Community Association	RESPONDENT IS A (check one): <input type="checkbox"/> Homeowner <input type="checkbox"/> Condominium/Community Association <input checked="" type="checkbox"/> Planned Community Association
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RESPONDENT INFORMATION: (Who are you filing against?) The Respondent is the association or homeowner, if you are an association, against whom you are filing the petition. See Page 2 of the instructions, the Respondent cannot be a management company but the petition against an HOA can be addressed in-care-of a management company.)

Homeowner (Last, First & M.I) or Association Name: Las Brisas Community Association			
Address: 4645 E Cotton Gin Loop	City: Phoenix	State: AZ	Zip Code: 85040
Best Phone Contact: (602) 437-4777, ext. 2196		Email address: jaime.cryblskey@cityproperty.com	

ADDRESS OF SUBJECT PROPERTY (If different than the Petitioner's mailing address)

Address:	City:	State:	Zip Code:
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COMPLAINT (DO NOT LEAVE THIS SECTION BLANK)

This complaint is a violation of: (Check box and provide the reference of the alleged violation/s. **THIS MUST BE COMPLETED.**)

- Condominium Statutes (example. A.R.S. § 33-1243): _____
- Planned Community Statutes (example. A.R.S. § 33-1809(A)(1)): _____
- Bylaws (Example: Article 4.1(a)): _____
- CC&Rs (Example: Article 4, Sec. 4.1): Sec 5.10, Sec 5.12

NUMBER OF ISSUES CLAIMED IN THIS PETITION

- 1 \$500
- 2 \$1,000
- 3 \$1,500
- 4 \$2,000

RELIEF REQUESTED (What are you asking for?)

Other than ordering Respondent to pay to the Petitioner the filing fee required by A.R.S § 32-2199.01, if the Petitioner prevails, Petitioner requests that the following relief be awarded regarding the act, omission, or condition described in this Petition.

- Order a party to abide by the Arizona statute specified in the complaint section.
- Order a party to abide by the section(s) of the condominium/planned community document(s) specified.
- Impose a civil penalty based on the violation specified. (Penalties, if granted, are awarded to the state, not the Petitioner.)

WITNESSES (Please list any witnesses below. If there are more witnesses, please list in the narrative statement below.)

Name:			
Address:	City:	State:	Zip Code:
Phone:		Email address:	

ALLEGED VIOLATION DESCRIPTION - NARRATIVE STATEMENT

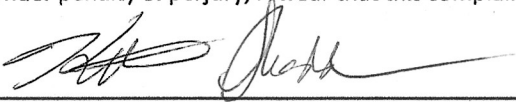
*Use the space below to provide a one-sentence statement of the violation/s for each issue claimed. Include with the statement a description, the specific factual basis of, the nature of, and the date and time of the alleged violation/s. (If you require more room write "See Attached" below and attach the document with your submission of this Petition.)

HOA is using incorrect CC&R section (5.10) to create violation for garage door glass cutouts which fall under section 5.12

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PETITION CERTIFICATION (MUST BE SIGNED AND DATED)

Under penalty of perjury, I swear that this complaint, consisting of 44 pages, is true and accurate to the best of my knowledge.



PETITIONER SIGNATURE

3-14-25

DATE

Keith Shadden

PETITIONER NAME (PRINT)

REMINDER: check each box and ensure:

- I have completed **all** sections of the petition.
- I have included ONE COPY of the condominium or planned community **documents that are at issue** in this matter;
- The CORRECT filing fee will be paid on-line through a secure link sent by ADRE once the completed petition is received;
- I have signed and dated the Petition;
- I have read the information provided on the ADRE's **Homeowners Association Dispute Process** webpage and understand this form.

Submit the Petition and supporting documents through the ADRE Message Center at www.azre.gov Petitions.

Americans with Disabilities Act

The Department of Real Estate complies with American Disabilities Act. Persons with disabilities may request reasonable accommodations such as interpreters, alternative formats or assistance with physical disability. Requests for accommodations must be made with 72 hours prior notice. If you require special accommodations, please contact the Department at (602) 771-7766. Questions regarding this communication can be sent to Chandni Bhakta, ADRE Ombudsman, at 602-771-7766 or online through the ADRE Message Center.