

Request for Board Review (PLEASE PRINT CLEARLY)

Association Name:	
Homeowner Account #:	Owner Name(s):
Property Address (include unit number if applicable):	
Telephone #:	Email:
Please Check One: [] Late Fee Removal Requ	uest or [] Other Charge Removal Request
Total Late Fees Amount - \$ To	otal Other Charges Amount - \$
	Type of Other Charges:
	ve the Board should waive the above referenced fee(s):
	ation of the Board's final decision. Submitting a
Signature:	Date:
Please return this form to	o your community manager
**FOR INTERN	VAL USE ONLY **
Manager Signature	Date:
Board Denied – notice sent by Manager on	
Board Approved (Attach Board Approval)- notice sent by Manage	er on
Account Adjusted & Cleared:	