ACCOUNT WAIVER REQUEST FORM

Association Name: _____

Legal Owner Name: _____

Subject Property Address: _____

Phone: _____ Email: _____

Waiver Request Type & Amount(s):

☐ Late Fee(s) $_____ ☐ Violation Fine(s) $_____ ☐ Other: $_____

Total Amount Requested To Be Waived: $_____

Reason: _____
_____
_____
_____

By signing below, I represent that I am the legal owner of the subject property address and hereby request the above amount be waived from my account. I certify that my assessment account is current and that any violation that generated a fine has been corrected to the best of my ability. I understand that this request is not guaranteed, and any amount waived is at the discretion of the Board of Directors. **Furthermore, I acknowledge that if my account is not current, collection actions may be initiated.**

_____   _____
Legal Owner Signature   Date

LEVEL OFFICE USE ONLY

Waiver Request: ☐ Approved   ☐ Denied

Total Amount of Late Fees Waived $_____ Total Amount of Fines Waived: $_____

Total Amount Approved by BOD to Waive $_____

Board Member Signature: _____ Date: _____

Community Manager Signature: _____ Date: _____

Date Received by A/R: _____ Completed- A/R Initials: _____