



Request for Board Review
(PLEASE PRINT CLEARLY)

Association Name: _____

Assessment Account #: _____ Owner Name(s): _____

Property Address (include unit number if applicable): _____

Telephone #: _____ Email: _____

Please Check One: Late Fee Removal Request or Other Charge Removal Request

Total Late Fees Amount - \$ _____ Total Other Charges Amount - \$ _____

Type of Other Charges: _____

Please use the space below to explain why you believe the Board should waive the above referenced fee(s):

You are responsible to continue making payments while your request is being reviewed. Additional late fees and collection fees may be added in accordance with your Association’s collection policy. The Board of Directors will be presented with this request at the next regularly scheduled board meeting. After the Board review, you will receive written notification of the Board’s final decision. Submitting a request does not constitute approval, as all waivers must be approved by the Board of Directors.

Signature: _____ Date: _____

Please send to the following:
FirstService Residential Attn: A/R Team
11351 Random Hills Road, Suite 500 Fairfax, VA 22030
Fax: 703-879-7506 E-mail: AR.DCMETRO@FSRESIDENTIAL.COM

****FOR INTERNAL USE ONLY ****

Forwarded for Review by _____ (AR) to _____ (Mgr) on _____ Account Adjusted & Cleared: _____

Board Approved – notice sent by Manager on _____ (Attach Board Approval) Board Denied – notice sent by Manager on _____