



**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  
3975 Fair Ridge, Suite 210S Fairfax, VA 22033  
Fax: 703-591-5785 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 \_\_\_\_\_