

Date:

MAILING REQUEST

FEES WILL BE CHARGED TO THE ASSOCIATION

		otice), submit at least 20-da otice), submit at least 20-d	
□ Other Meetings: Spe	ecial Assessment, Ame	endments, etc.	
Association Name:			
Accordance Numer	100		
Association Contact Inform	nation:		
Name:			
Unit #:			
Phone #:			
Email Address:			
MEETING INCORMATION.			
MEETING INFORMATION:			
D ate:	T ime:	Place:	
Number of Units:	N umber of Bc	oard Members:	
Mail will be returned to the a	ssociation address, ur	nless otherwise specified.	
		_///	
Mail will include return envel (2 nd Notice)	lope with postage, unle	ess otherwise specified.	
Signature (Required)		Print Name - Boa	ard Position
Instructions on back.			
Incomplete forms will not l	he nrocessed	Received	

MAILING REQUEST FORM Instructions

Select meeting type. (Note: Each meeting requires a separate completed form). Incomplete forms will not be processed.

- 1. Association name
- 2. Association contact information
 - a. Name
 - b. Unit number
 - c. Telephone number
 - d. Email address
- 3 Meeting information
 - a. Date
 - b. Time
 - c. Place
 - d. Number of Board Members
 - e. Number of units
 - f. Sign form
 - g. Board position

Mail will be returned to the Association via the management firm unless otherwise designated.

2nd Notice will contain return postage for proxy and ballot unless specifically requested.

Return completed form.

Completed Request Forms must be submitted a minimum of 20 days prior to the Statute required mailing deadline. <u>Email will not be accepted.</u>

Incomplete forms will not be processed.	Received	