



# Accounting Research & Request Form

11411 SOUTHERN HIGHLANDS PKWY #100 ~ LAS VEGAS, NV 89141

www.olympiamanagementservices.com 702-361-6640 fax 702-361-3861

Name: \_\_\_\_\_

updated 6/4/14

Unit Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**ASSOCIATION NAME:**  Southern Highlands  Royal Highlands  
*please check only one box per request*  Bella Sera  The Estates  
 Interlude  Vintage Valley  
 Monterosso Premier  Other \_\_\_\_\_

**TYPE OF REQUEST:**

Removal of Late Fees/ Interest  Refund of Credit Balance  
 Removal of Collection Fees  Refund of Deposit  
 Transfer of Credit Balance  Research Missing Payment  
*from one account to another (same association only)*

**REASON FOR REQUEST:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please include the following documentation with your request:**

\_\_\_\_\_ Copies of the front and back of a cleared check  
\_\_\_\_\_ Information from missing checks  
\_\_\_\_\_ CHK NO: \_\_\_\_\_ CHK AMT: \_\_\_\_\_ CHK DATE: \_\_\_\_\_  
\_\_\_\_\_ Copies of documentation or a Letter of Explanation from your bank  
\_\_\_\_\_ Copies of necessary approvals for deposit refunds  
\_\_\_\_\_ Page of account ledger pertaining to request  
\_\_\_\_\_ Other: \_\_\_\_\_

**AMOUNT(S) OF REQUEST:**

Late Fees \_\_\_\_\_  
Interest \_\_\_\_\_  
Collection Fees\* \_\_\_\_\_

TOTAL \_\_\_\_\_

Credit Balance Amount (*to be refunded*) \_\_\_\_\_  
Deposit Amount (*to be refunded*) \_\_\_\_\_

*\* Collection Fees are hard costs paid by the association to the management company and may require approval of the Board to remove.*

**The Unit Owner's signature and initials are required before this request can be considered.**

- I understand that all accounting errors not due to negligence on the part of the Board or the management company may be subject to additional administrative fees to cover the cost of researching and correcting the issue referenced above.
- I understand that each association has its own bank account and that the management company is not authorized to move money from one association to another, even with my consent.
- I understand that by returning this form incomplete, unsigned or without proper documentation I may be subject to automatic denial. I also understand that review of such forms is not done on a daily basis and this review could take up to ten days for management to complete. PLEASE BE ADVISED, REFUNDS MAY TAKE A MINIMUM OF THIRTY DAYS TO BE MAILED.

Owner's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Rqst Rec'd By: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Client Service Representative verifies that entire packet is done accurately and includes all documentation as well as a single page of the owner's account ledger.*

Appvd/ Denied: \_\_\_\_\_ Date: \_\_\_\_\_ Rev'd By: \_\_\_\_\_

Comments: \_\_\_\_\_