



Accounting Research & Request Form

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

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

updated 6/4/14

Name: _____

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: _____