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Board Appeal Request

Assessments , Fees, and /or Charges

Owner _____ Account # : _____ Phone _____

Unit Address _____ Email _____

<p>Only ONE board will see this request.</p>	SELECT ONE COMMUNITY:		
	<input type="checkbox"/> <i>Bella Sera</i>	<input type="checkbox"/> <i>Lennar 's Masters Collection</i>	<input type="checkbox"/> <i>Royal Highlands</i>
	<input type="checkbox"/> <i>Estates</i>	<input type="checkbox"/> <i>Monterosso Premier</i>	<input type="checkbox"/> <i>Southern Highlands</i>
	<input type="checkbox"/> <i>Horizon Gibson</i>	<input type="checkbox"/> <i>Monterosso Vintage</i>	<input type="checkbox"/> <i>Tuscan Cliffs</i>
	<input type="checkbox"/> <i>Interlude</i>	<input type="checkbox"/> <i>Olympia Ridge</i>	<input type="checkbox"/> <i>Vintage Valley</i>

Request Type: _____ Date: _____

Why should the amount be reduced/removed (attach an additional sheet if necessary): _____

<p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>CURRENTLY DUE</p> <p>As of _____</p> <p>Assessments: \$ _____</p> <p>Collection Charges: \$ _____</p> <p>Late fees: \$ _____</p> <p>Other: \$ _____</p> <p>TOTAL DUE : \$ _____</p> <p>OFFER: \$ _____</p>
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OFFER MUST BE FILLED IN

AUTHORIZATION:

- I understand that I must enter an amount in the "TOTAL OFFER" section above for my request to be processed.
- I understand that it is easier for the Board to understand the issue if I attend the hearing or submit a full written statement.
- I understand that this breakdown was provided for the purposes of obtaining amounts due as of the date of the request. Additional fees and charges may be assessed (subsequent to the dissemination of this information) as described in the Association's Governing Documents and Policies.
- I understand that there is no guarantee the Board will accept my offer.
- I understand that all fees charged by a third party agency must be handled directly through that agency.

Internal Use Only
 Payment Plan: Y / N
 Plan Balance:
 \$ _____

Signature _____ Date _____