

# FEE WAIVER REQUEST FORM

ACCOUNT # \_\_\_\_\_ COMMUNITY NAME \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

TYPE OF FEES REQUESTING TO BE WAIVED:	AMOUNT:
<input type="checkbox"/> LATE FEES	\$ _____
<input type="checkbox"/> MONETARY ENFORCEMENT ASSESSMENTS	\$ _____
<input type="checkbox"/> COLLECTION COSTS	\$ _____
<input type="checkbox"/> ATTORNEY FEES	\$ _____
<input type="checkbox"/> ASSESSMENTS	\$ _____
TOTAL:	\$ _____

***PLEASE DESCRIBE WHY YOU FEEL THESE FEES SHOULD BE WAIVED:***

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

*PLEASE REMIT THIS COMPLETED FORM TO :*

*REAL PROPERTY MANAGEMENT, INC.  
5550 BLAZER PARKWAY, SUITE 175  
DUBLIN, OHIO 43017  
OR  
FAX: (614) 792-9174  
OR EMAIL  
[CUSTOMERSERVICE@RPMANAGEMENT.COM](mailto:CUSTOMERSERVICE@RPMANAGEMENT.COM)*

*YOUR REQUEST [HAS] [HAS NOT] BEEN APPROVED*

\_\_\_\_\_ DATE \_\_\_\_\_

*SIGNATURE OF ASSOCIATION DIRECTOR OR AGENT*

*NOTES/COMMENTS:*

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