

April 2023

NORTHERN TERRACE

Homeowners Association



Community Contact:

Bree Pierson

Management Company

Mailing Address

PO Box 400518

Las Vegas, NV 89140

Physical Address

4775 W. Teco Ave. Suite 140

Las Vegas, NV 89118

Contact Us

Northernterrace@camconeveda.com

(702) 531-3382 phone

(702) 531-3392 fax

After Hours Emergency Line

(702) 947-1236

Board of Directors

Randy Stout

Ben Pepa

Beverly Partin

Bob Starkey

welcome

We have a new management company that will be taking over on May 1, 2023. We want to take this time to give a HUGE welcome to CAMCO and remind all homeowners that if your bank is on autopay for your assessments to update the mailing information. Bree Pierson, CAM, will be the transition Contact for the community. We are looking forward to a great relationship with the management company. You can find CAMCO's information on the left of this page. Please use the association email address for all communication to CAMCO: Northernterrace@camconeveda.com.

STAY CONNECTED CAMCO offers an option for electronic communication! You can receive your billing statements, violation letters, newsletters, and any other form of correspondence via email. Sign up by going to www.camconeveda.com. From the home page click "User Profile" then "Email Option" add your email then click "send allowed correspondence via email". The Board encourages members to sign up for email notifications. In addition, the association website will provide you with current information and the associations legal documents. Please visit the community website for up to date information.

CORRESPONDENCE Do you have an item you wish the Board to discuss or take action on? If so, please submit your topic in writing, to Management for inclusion in the Board's pending items for review at the next regularly scheduled meeting. Any topic or items for discussion should be submitted no later than a week prior to the meeting and may be sent to the attention of the Board of Directors at: Northernterrace@camconeveda.com association.

NORTHERN TERRACE HOMEOWNERS ASSOCIATION

4775 West Teco Avenue Suite 140
Las Vegas, Nevada 89118

MANAGEMENT CHANGE NOTICE

April 14, 2023

Dear Member:

The Board of Directors would like to take this opportunity to inform you of a change in management. Effective **May 1, 2023**, Complete Association Management Company, LLC (CAMCO) will be the Management Company for NORTHERN TERRACE HOA.

Your new Community Contact is:

Bree Pierson



Phone (702) 531-3382 • Fax (702) 531-3392

Office Hours: Monday thru Thursday 9:00 A.M to 5:00 P.M. and Friday 9:00 A.M. to 4:30 P.M.

After Hours Emergency Number: (702) 947-1236

www.camconeveda.com

Please send all your current assessment payments to the address below effective immediately and update your records with the new address.

NORTHERN TERRACE HOA

P.O. Box 93627
Las Vegas, NV 89193

Northernterrace@camconeveda.com

Please be advised that your first statement **does not** reflect any pre-payments or balances you may have had with the prior management company. Those balances will be reflected on your **July 2023** statement.

If you currently have autopay, please note that it will **no longer** be in effect. To set-up autopay with CAMCO, please complete the enclosed form. For your convenience you can also set up recurring payments on our website www.camconeveda.com

Please feel free to visit our website to view your account 24 hours a day and to make your monthly assessment payment. www.camconeveda.com To make your payment online you will need your **management company ID (1391)**, **association ID (NRT)**, and your account number (located on the attached statement).

Please make sure that you fill out the included homeowner information sheet to ensure that we have the most current information on file. Once completed you can either mail to the address stated above, fax to (702) 531-3392 or e-mail to accounting@camconeveda.com.

Should you have any questions regarding your assessment account or any other matter, please feel free to contact our office at any time. Please see below for our hours of operation and contact information. We look forward to a smooth transition. Thank you in advance for your patience and cooperation.

Sincerely,

Board of Directors

NORTHERN TERRACE HOMEOWNERS ASSOCIATION

NORTHERN TERRACE HOMEOWNERS ASSOCIATION

P.O. Box 400518

Las Vegas, NV 89140

Phone (702) 531-3382 • Fax (702) 531-3392

Homeowner's Information:

Homeowner's First Name: _____
(Please Print)

Homeowner's Last Name: _____
(Please Print)

Property Address: _____
Street City/State Zip

Telephone: (____) _____ Other Telephone: (____) _____

E-mail Address: _____

*Please note that by entering an e-mail address it will be added to your account to receive e-mail notification when a payment is posted to your account. You will also be e-mailed with a password to login to our website and update your user settings.

_____ Initial here if you wish to opt in to email only.

You will not receive most information by mail. (Notices, statements, or other correspondence from the Association may distributed by email per NRS)

Mailing Address: (if different from property address)

Street City/State Zip

Property Manager's and Tenant's Information (If Applicable):

Please contact Management for Property Management and/or Tenant Authorization Forms to provide them with access to speak with Management as well as property information.

Company Name: _____ Contact: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Office Phone: _____ Fax Phone: _____

Tenant's Name: _____ Phone Number: (____) _____

Pet Information

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Type: _____ Breed: _____ Color: _____

Owner's Signature: _____ Date: _____

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Please send your completed form to PO Box 400518, Las Vegas, NV 89140 or fax to 702.531.3392.

You can also e-mail it to accounting@camconeveda.com

Association name: Northern Terrace Homeowners Association

I (We) herby authorize Complete Association Management Co., hereinafter called ASSOCIATION, to initiate debit entries to my (our) Checking/Savings account (circle one) indicated below at the depository financial institution named below, hereinafter called BANK, and to debit the same to such account. I (We) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. **PAYMENTS WILL BE TAKEN between the 1st and the 5th of your billing cycle.**

Bank name: _____ Monthly/Quarterly/Semi/Annual Amount \$ _____
(if not specified will be current dues)

City: _____ State: _____ Zip: _____

ACH Routing No.: _____ Bank Account No.: _____
(9-digit number; please verify with your bank)

This authorization is to remain in full force and effect until ASSOCIATION has received written notification from me (or either of us), EVEN IF WE SELL OUR/MY HOME, of its termination in such time and in such a manner as to afford ASSOCIATION and BANK a reasonable opportunity to act on it.

Name(s) on account: _____ Owner Account No.: _____

Property Address: _____

Mailing Address: _____

Please Note: If you enter an address other than what we currently have for your mailing address we will update our records to the address listed here.

Contact Phone #: _____ E-mail address: _____

Date: _____ Signature: _____

(PLEASE ATTACH A VOIDED CHECK HERE)

***Your ACH request will not be processed without a copy of your voided check.**

You can also set up recurring payments online by visiting our website at www.camconeveda.com and clicking on pay assessments.