

BECKLEY WOODS RESIDENT'S ASSOCIATION  
P.O. BOX 43884 LOUISVILLE, KY. 40253-0884

## INVOICE

### RESIDENT'S ANNUAL ASSESSMENT FOR 2024

The by-laws of the Beckley Woods Resident's Association reads in Section 5:

- a."Assessment" means the amount of the monthly assessment levied from time to time by the Board of Directors.
- b."Annual Assessment" means the total amount of assessments for 12 months.
- c."Payment Due" means on the first day of each calendar year (January 1).

**Please pay the amount listed below upon receiving this notice. Payments received after January 31,2024 will be charged a 5% late fee (\$6.25) for each late month until account is paid.**

**ASSOCIATION ASSESSMENT FOR 2024      \$125.00**

If you would like to make an additional donation to the Association please do so with your assessment

------(Cut Here)-----

**(RETURN THIS PORTION TO INSURE RECORD OF YOUR PAYMENT)**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ (Please Print)

[ ] If you would be interested in serving on our Board of Directors, please check here and we will contact you.

ASSESSMENT FEE \_\_\_\_\_

DONATION: \_\_\_\_\_

**Special Notice**

[ ] If this box is checked, your account is delinquent. It will be necessary for you to contact Gary Edelen at 592-5835 for a quote of the current amount you need to pay and have the lien removed from your property.

*Michelle Garman*  
Treasurer-Beckley Woods Association  
609-1180

**If you have not completed the form below, we ask that you complete this form if you would like to participate**

The Beckley Woods Residents Association has implemented an Emergency Response Plan, that we call PLAN B. This plan has been put into place in order to provide our neighborhood a temporary course of action should an emergency occur. In the event that Plan B is implemented, a team of volunteers will take necessary action that may include notification to residents of needed information. We are asking residents who would like to help out in such an event, please list your skill set and/or your equipment in the grid below.

SKILL SET KEY	S	M	R	TS	4WD	G	E	AC	HC	PS	FS	EQUIPMENT KEY	E	CS	WB	G	S	FL	HR	SB	OTHER	
M – Medical Care	S											CS – Chainsaw	E									
R – Rescue Care	K											WB – Wheel Barrel	Q									
T – Tree Service	I											G – Generator	U									
4WD – 4 Wheel Drive	I											S – Shovel	I									
G- General Services	L											FL – Flash Light	P									
E – Electrical or Carpentry												HR – Ham Radio	M									
AC – Animal Care	S											SB Snow Blower	E									
HC – Hazardous Chemicals	E												N									
PS – Plumbing Skills	T												T									
FS – Food Service																						

Please provide your contact information here:

NAME		
ADDRESS		<b>YOUR PARTICIPATION IS APPRECIATED!</b>
PHONE NUMBER		
CELL PHONE NUMBER		
E-MAIL ADDRESS		