

## Request for Homeowners Dues Information

Please complete form & email to [Tracy@Burnettepm.com](mailto:Tracy@Burnettepm.com)

Form will be completed & emailed back to you.

Date: \_\_\_\_\_

Title Co./Attorney Office: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Closing Date: \_\_\_\_\_

Association Name: \_\_\_\_\_

Property Address: \_\_\_\_\_ Lot# \_\_\_\_\_

Seller(s): \_\_\_\_\_

Buyer(s): \_\_\_\_\_

Buyer(s) mailing address (If other than the property address): \_\_\_\_\_

Buyer(s) phone #: \_\_\_\_\_

Buyer(s) email address: \_\_\_\_\_

Dues \_\_\_\_\_ monthly / quarterly / semi-annual / annual

Due from Seller(s): Account Balance \_\_\_\_\_

Special Assessment \_\_\_\_\_

Fines \_\_\_\_\_

Due from Buyer(s): Dues \_\_\_\_\_

Capital Reserve Contribution \_\_\_\_\_

Special Assessment \_\_\_\_\_

Transfer Fee \_\_\_\_\_

**TOTAL TO BE COLLECTED AT CLOSING: \$** \_\_\_\_\_

**PAYABLE TO:** \_\_\_\_\_

**\*Please include a copy of this form and mail all checks to Burnette Property Management at  
P.O. Box 9975, Spokane, WA. 99209**

**To Be Completed by Management  
Company**

