

Preserve at Mayfield Ranch
700 Market St Bldg 3
Cedar Park, TX. 78613
PHONE (512) 918-8100
Email: pamco@pamcotx.com

REQUEST to WAIVE FEES FORM

ASSOCIATION: _____

APPLICATION DATE: _____ TELEPHONE _____

HOMEOWNERS NAME _____

ADDRESS _____

Email Address _____

I (we) hereby request the waiving of fees from my account related to the Association. (use additional paper if necessary and attach)

Late Fees, list the dates the late fees were incurred as well as provide a brief explanation as why you feel these fees should be waived

Fines, list the dates of any fines that were incurred as well as provide a brief explanation as why you feel these fines should be waived

Collection Costs, list the dates of any collection costs that were incurred as well as provide a brief explanation as why you feel these costs should be waived

DO NOT WRITE BELOW THIS LINE

DATE RECEIVED: _____ DATE REVIEWED: _____

ADDITIONAL INFORMATION REQUIRED: YES / NO

DATE ADDITIONAL REQUESTED: _____ APPROVED: YES / NO

APPROVED BY: _____ DATE: _____