

SURRENDER (DEED BACK) REQUEST FORM

Please complete the information below.

First Name _____ Last Name _____

Mailing Address _____

City/State/Zip _____ State _____

Zip _____

Email Address _____

Home Phone _____ Cell _____

Please describe reason(s) to participate in the Surrender Program? 25 words or less

Please indicate the dollar amount owed on each unit.

1) Week Number/Unit Number _____/_____

- ☐ I am current on annual maintenance fees.
- ☐ I am 1 year delinquent on annual maintenance fees.
- ☐ I am 2 or more years delinquent on annual maintenance fees.

2) Week Number/Unit Number _____/_____

- ☐ I am current on annual maintenance fees.
- ☐ I am 1 year delinquent on annual maintenance fees.
- ☐ I am 2 or more years delinquent on annual maintenance fees.