

Hillcrest Bay Homeowners' Association

—DEPOSIT FEE—

Name: _____
HB Address/Lot(s)#: _____
Telephone: _____
Builder: _____

I, as owner will be responsible for all damage to the facilities, streets, and utilities during construction on my property as well as cleanup after construction. A deposit of \$_____ will be required before starting of project and held until final completion.

Once the Architectural Review Committee (ARC) has received your Certificate of Occupancy by County of La Paz, a final inspection by the ARC will be conducted to determine if you have met the guidelines of the Hillcrest Bay, Inc. Declaration of Restrictions (CC&R's). After this determination and the Board's approval, your deposit will be refunded within 30 days.

Property Owners:

Owners Signature *Date*

Check Number: _____

Make check payable to:

Hillcrest Bay Inc.

Please mail, fax or email this form to

Amy Telnes Management Services
500 N. Lake Havasu Ave., Suite A104
Lake Havasu City, AZ 86403
Phone: 928-505-1120
amy@atmshoa.com

For Board Use Only

Date refunded by the Treasurer: _____ Check Number: _____

AR Committee Signature: _____

Comments: _____