

**REQUEST FOR BOARD APPROVAL –
OWNER ACCOUNT ADJUSTMENTS**
(PLEASE PRINT CLEARLY)

DATE: _____ ASSOCIATION NAME: _____

ACCOUNT #: _____ OWNER NAME(S): _____

PROPERTY ADDRESS: _____ (include unit number if applicable)

TELEPHONE #: _____ E-MAIL ADDRESS: _____

CHECK ONE: ___ Late Fee(s) Dispute *OR* ___ Other Charge(s) Dispute—state type of charge below

Total Late Fees - \$ _____ Amount Total Other Charges - \$ _____ Amount

DETAILED EXPLANATION: _____

Please send to the following:
SFMC
9464 Innovation Drive, Manassas, VA 20110
Fax: 703-392-5039 E-mail: tyson@sfmcinc.com

The Board of Directors will be presented with this request at the next regularly scheduled board meeting. After the Board review, you will receive notification of the Board’s final decision. **Submitting a request does not constitute approval, as all waivers must be approved by the Board of Directors.**

FOR INTERNAL USE ONLY – ACCOUNTING TO COMPLETE

Approved By/Date: _____ Forwarded for Review by _____ (AR) to _____ (Mgr) on _____ (Date)

Account Adjusted & Cleared from Dispute Process: _____ (initial & date)

FOR INTERNAL USE ONLY – MANAGER TO COMPLETE

Board Approved – notice sent by Manager on _____ Board Denied – notice sent by Manager on _____
(Attach Board Approval)