

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

	,	
DATE:	ASSOCIATION NAME: South Ridi	ng Proprietary
ACCOUNT #:	OWNER NAME(S):	
PROPERTY ADDRESS:		(include unit number if applicable)
TELEPHONE #:	E-MAIL ADDRESS:	
	(s) Dispute <i>OR</i> Other Charge(s) D Amount Total Other Charges - \$	
DETAILED EXPLANATIO	N:	
F	Please send to the following: South Riding Proprietary 43055 Center Street, South Riding, VA 2 fax: 703-327-6116 E-mail: townhall@south	
Board review, you will receive	presented with this request at the next regular ve notification of the Board's final decising vers must be approved by the Board of D	on. Submitting a request does not
**FOR I	NTERNAL USE ONLY – ACCOUNTING TO	O COMPLETE**
Approved By/Date:	Forwarded for Review by (A	AR) to(Date)
☐ Account Adjusted & C	leared from Dispute Process:	(initial & date)
**F0I	R INTERNAL USE ONLY – MANAGER TO	COMPLETE**
☐ Board Approved – notice se	nt by Manager on   Board Denie	ed – notice sent by Manager on

(Attach Board Approval)