

CONDOMINIUM LIEN REQUEST

Project Name: _____

Co-owner(s) name: _____

Unit No. _____ Bldg No. (if any) _____

Unit Address: _____

Designated Mailing Address (if different): _____

Co-owner's Telephone Number: (Work) _____ (Home) _____

Partial Balance for the month of _____ \$ _____

From _____ to _____ at \$ _____ \$ _____

From _____ to _____ at \$ _____ \$ _____

From _____ to _____ at \$ _____ \$ _____

Late Charges at \$ _____ added on _____ \$ _____

Additional Assessment: \$ _____

Special Assessment: \$ _____

Fines: \$ _____

Other Charges: Reason stated below \$ _____

Total: \$ _____

If special assessments, additional assessments, fines, or other charges, provide details such as date levied, reason for assessment, payment terms if any, whether one time or repeating, etc:

Name of person requesting: _____ Date: _____