



GREAT NORTHWEST COMMUNITY IMPROVEMENT ASSOCIATION, INC.
REQUEST TO WAIVE FEE

HOMEOWNER (Please Print Clearly)

DATE ___/___/___ Property Address: _____ Acct# _____

Homeowner's Name _____

Email _____

(___) ___ - ___ (___) ___ - ___ (___) ___ - ___
Home Cell Work

- 1. ___ Yes ___ No I received my annual assessment statement
- 2. ___ Yes ___ No I received a first late statement (February)
- 3. ___ Yes ___ No I received a second late statement (March)

Account Balance: \$ _____ Amount requested to waive: \$ _____

Reason for Waiver Request:

This statement is true and accurate. Homeowner: _____

INTAKE OFFICE ASSOCIATE COMMENTS

Attach Statement of Account before submitting for approval.

Legible Initials: _____

**WAIVER AUTHORIZATION
ACCOUNTING OR COMMUNITY MANAGER**

Waive \$ _____ Approved ___ Denied Signature: _____

___ After Association account is paid in full. ___ This is only a one time courtesy.

FOLLOW-UP

- 1 ___ Updated Owner's Account with Change in Fee _____ (Initial)
- 2 ___ Return to Accounting Manager who will, or will direct, a call to owner with our response.

Initial: _____