

Brook Valley Realty Owners Association of Greenville, Inc.

106 Regency Blvd.

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. Dues: \$155 per year

Dues Cover: Common Area Maintenance
Common Area Landscaping
Signage Lighting
Management Fees

HOA Manager: Amber Whittington

All concerns should be emailed to amber@russellpm.com or call
252.329.7368.

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Homeowners Association Information Sheet

Property Address: _____

Homeowners Name: _____

Spouse or Co-Owner's Name: _____

Owner's Mailing Address: _____

Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

It is very important that we receive this information from you for your benefit. This is general information needed by your homeowner's association and will be filed in your personal file in the **HOA Office** at Russell Property Management and your email will be used to invite you to the FrontSteps portal. You can email this form back to your manager rather than returning it via postal mail.

PLEASE EMAIL, MAIL, OR FAX TO US ASAP!
THANK YOU FOR YOUR TIME AND COOPERATION!

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I, _____, hereby authorize Russell Property Management to draft my HOA dues for the street address _____

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

106 Regency Blvd
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

Home Address City State Zip

Draft Payable to (HOA name)

Day of Month for Draft Amount to be Drafted

Draft Frequency (circle one) _____ Monthly _____ Quarterly _____ Annual Contact Phone

Number _____

Please note:

- * If HOA dues are increased, your draft will automatically be increased
- ** HOA dues will be drafted approximately 5 days before your associations late day.
- *** The HOA will draft the account balance.
- **** Drafts will NOT draft for special assessments (if applicable).
- ***** There is a 3.0% fee per draft for this service.

Account Holder Name: _____

Card Billing Address City State Zip

Account #: _____

Expiration Date: _____ Security Code: _____

Signature Date