

Brook Hill Homeowners Association

106 Regency Blvd.
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641
www.russellpm.com

HOA Information Sheet

A. Dues: \$71.35 per month

Dues Cover: Landscaping
General Liability Insurance
On Call Pest Control
Dumpster Maintenance
Parking Lot Lighting
General Exterior Maintenance
Management Fees

Your Community Manager is April Berges

All concerns and maintenance requests should be emailed to
april@russellpm.com or you may call 252.329.7368.

Brook Hill Homeowner's Association, Inc.

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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.

PLEASE 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 _____

Signature

Date

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