## Kinsey Creek Owner's Phase 2 Association, Inc.

106 Regency Blvd. Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

A. Dues: \$115.00 per month Draft: 5<sup>th</sup> Day of the Month Late: 11<sup>th</sup> Day of the Month

Late Fee: \$10

Dues Include: General Liability Insurance

**Pest Control** 

**Termite Inspections** 

Parking Lot/ Street Lighting

Landscaping

Exterior Building Maintenance (except glass surfaces and doors)

Paving/Sidewalks/Street Maintenance

Pond Maintenance

B. Pest Control: Othos: 252-227-4005

C. Landscaping: Bryan Smith Landscaping

D. Termite Control: 1 annual inspection and on-call basis

Othos: 252-227-4005

E. Maintenance: Exterior Building Maintenance. NO interior work.

No Doors, Windows or Skylights

HOA Manager: Tonya Rosado

All concerns and maintenance requests should be emailed to <a href="mailto:tonyar@russellpm.com">tonyar@russellpm.com</a> or call 252.329.7368

## **Kinsey Creek Phase 2 HOA Homeowners Association Information Sheet**

Property Address:	
Homeowner's Name:	
Spouse or Co-Owner's Nan	ne:
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!

## Russell Property Management, Inc.

106 Regency Blvd Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

## **Draft Authorization**

I,	, hereby authorize Russell Property
Management to charge my r	monthly dues/rent to the following account:
(Address for unit)	(Mailing address, if different from Unit)
Draft Payable to (HOA nam	e)
Date of First Draft	
Amount to be drafted each r	nonth
	ased, your draft will automatically be increased ted approximately 5 Days before the associations late day draft for this service.
Signature	Date
Bank Name:	
Routing #:	
Account #:	
PLEASE ATT	ACH OR EMAIL IN A PICTURE OF A VOIDED CHECK