Locksley Woods Condominium Association, Inc.

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

A. **Dues Assessment:** \$235.63 effective 1.1.2025

Due Date: 1st day of the month Draft Date: 15th day of the month Late Date: 21st day of the month

Late Fee: 1.5% of balance monthly (8% per annum)

Dues Cover:

Building and Parking Lot Lighting

Common Area Landscaping

Common Area Maintenance

Community Pool

Directors and Officers Insurance

Escrow for long-term repairs

General Exterior Building Maintenance

General Liability Insurance

Landscaping

Management Fees

Master Policy

Parking lot maintenance/paving

Pest Control (Quarterly and As Needed)

Pond maintenance

Suddenlink Basic Cable TV and Highspeed internet (eft 2.1.21)

Termite Inspections (Annual)
Water and Sewer Service

B. Landscaping: Blueline Landscaping

All landscape concerns must be put in writing

- C. **Termite and Pest Control Effective 1-1-2025:** Clegg's Pest Control 252-752-5175 Call Pest Control directly to schedule inside pest treatment.
- D. **Master Insurance Policy:** Steven West Insurance Services (252) 756-3212 Each homeowner will need a HO6 (owner occupied) or Business Owners Policy (BOP ~ Investor Owned) insurance policy for their unit(s).
- E. **Parking Permit:** Required by all residents & visitors parking for more than 7 days
- F. **HOA Manager:** Tonya Rosado

tonyar@russellpm.com 252-329-7368 ext 208

Russell Property Management

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Locksley Woods HOA

Homeowners Association Information Sheet

Property Address:	
Homeowner's Name:	
Spouse or Co-Owner's Nam	e:
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.

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Phone: 252.329.7368 Fax: 252.355.9641

Bank Draft Authorization

Ι,		_, hereby autho	rize Russell	Property
Management to draft my HO	OA dues for the street ad	ldress		
Home Address	Cit	y .	State	Zip
(Mailing Address for unit (I	f different than address a	above) City	State	Zip
	Draft Payable to (HC	OA name)		
Day of Month for Draft	<u> </u>	Amou	unt to be Dra	afted
Draft Frequency (circle one)Monthly	Quarterly	Annua	ıl
Contact Phone Number				
** HOA dues will be *** The HOA will dr	increased, your draft will e drafted approximately aft the account balance. NOT draft for special as per draft for this service	5 days before sessments (if a	your associa	
Bank Name:				
Account Holder Name:				
Routing #:				
Account #:				
Account Type:	Checking	Saving	gs	
Sigr	nature		Da	te

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

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Phone: 252.329.7368 Fax: 252.355.9641

Credit/Debit Card Draft Authorization

I,	, hereby au	ıthorize Russe	ll Property
Management to draft my HOA due	es for the street address		
Home Address	City	State	Zip
Dra	aft Payable to (HOA name)		
Day of Month for Draft	A	mount to be D	rafted
Draft Frequency (circle one)	MonthlyQuarterly	/Anı	nual Contact Phone
Number			
Please note:			
** HOA dues will be drafte *** The HOA will draft the	or special assessments (if app	ore your associ	
Account Holder Name:			
Card Billing Address	City	State	Zip
Account#:			
Expiration Date:	Security Code:		
Signature		Date	

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Resident Parking Permit Registration

Date:			
Resident:		Circle: Owne	er or Tenant
Property Address:			
Vehicle: Make	Model	Color:	
Tag number:		Registered to resident: YES	NO
		If NO: Registered owner name	
Vehicle: Make	Model	Color:	
Tag number:		Registered to resident: YES	NO
		If NO: Registered owner name	
Primary Contact Infor		(Home)	
		(Work)	
		(Cell)	
Email Address:			
Permit Number:			
All vehicles on the p	roperty must	comply with the rules issued by the subject to towing.	association or be
Resident Parking Permit - Received by: Da Entered by: Dat	te:	ffice Use Only	

LOCKSLEY WOODS HOA

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Homeowners Association TENANT Information Sheet

Property Address:	
Check the box to indicate if the property is	used as an investment
or	resided in by a family member
Property Manager:	
Tenant's Name:	
Tenant's Contact Information:	
(Home)	(Work)
(Cell)	(Email)
Tenant's Name:	
Tenant's Contact Information:	
(Home)	(Work)
(Cell)	(Email)

If you have multiple tenants in one unit, please list information for all persons.

It is very important that we get this information for your benefit in case of an emergency. We ask that you update us each time a new tenant moves in. This is general information needed by your homeowners association and will be filed in your personal file in the homeowners association department of Russell Property Management. We suggest that any owner who rents their unit within Locksley Woods attached the "Crime Free Lease Addendum" to the lease agreement with their tenant/s.

PLEASE MAIL OR EMAIL OR FAX TO US ASAP! THANK YOU FOR YOUR TIME.