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
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

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Locksley Woods HOA

Homeowners Association Information Sheet

Property Address: _____

Homeowner's 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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Resident Parking Permit Registration

Date: _____

Resident:_____ Circle: Owner 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 Information:
Telephone: _____ (Home)

_____ (Work)

_____ (Cell)

Email Address: _____

Permit Number:_____

All vehicles on the property must comply with the rules issued by the association or be subject to towing.

Resident Parking Permit - Blue sticker Office Use Only
Received by: _____ Date: _____
Entered by: _____ Date: _____

LOCKSLEY WOODS HOA

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Homeowners Association TENANT Information Sheet

Owner's Name and Mailing address:_____

_____

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)

Lease Term Dates: _____

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.

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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 _____

Email Address _____

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

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Bank Draft Authorization

I, _____, hereby authorize Russell Property

Management to draft my HOA dues for the street address

_____
Home Address City State Zip

_____
(Mailing Address for unit (If different than address above) 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 _____

Email Address _____

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.
**** Bank Drafts will NOT draft for special assessments (if applicable).
***** There is a $1 fee per draft for this service.

Bank Name: _____
Account Holder Name: _____
Routing #: _____
Account #: _____
Account Type: ☐ Checking ☐ Savings

_____ _____
Signature Date

ATTACH VOIDED COPY OF CHECK HERE