

***Three Oaks***  
106 Regency Blvd.  
Greenville, NC 27834  
Phone: 252.329.7368 Fax: 252.355.9641  
[www.russellpm.com](http://www.russellpm.com)

**HOA Information Sheet**

A. Dues: \$660 per year

Dues Cover: Common Area Maintenance  
Common Area Landscaping  
Signage Lighting  
Management Fees  
General Liability Insurance

HOA manager is Tonya Rosado  
All concerns and maintenance requests should be emailed to [tonyar@russellpm.com](mailto:tonyar@russellpm.com) or  
you may 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!**

***Russell Property Management, Inc.***

**106 Regency Blvd**

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

**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 \_\_\_\_\_

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**

Phone: 252.329.7368 Fax: 252.355.9641

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Date