Williamsbrook East Duplexes Homeowners Association, Inc.

106 Regency Blvd. Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

www.russellpm.com

HOA Information Sheet

A. **Dues:** \$32 per month eff 1.1.25 **Draft Date:** The 5th Day of the Month

Draft Date: The 5th Day of the Month **Late Date**: The 20th Day of the Month

Late Fee: \$10.00

Dues Cover: General Liability Insurance for Common Area

Directors Insurance

Landscaping outside fenced-in areas

All concerns should be emailed to freedom@russellpm or contact Freedom Edmundson at 252-329-7368.

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Homeowner Information Sheet		
Property Address:		
Homeowner's Name:		
Spouse or Co-Owner's Name:		
Owner's Mailing Address:		
Telephone:	(Home)	
	(Work)	
	(Cell)	
	()	
T		
Email Address:		
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 Manager's Office at Russell Property Management.

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

Russell Property Management

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Homeowners Association TENANT Information Sheet

Homeowners Associatio	n:	
Owner's Name and Mail	ing address:	
Property Address:		
Геnant's Name:		
Tenant's Contact Inform	ation:	
	(Home)	(Work)
	(Cell)	(Email)
Гепаnt Vehicle Informat	ion:	
Make and model		
License Plate		

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 homeowner's association and will be filed in your personal file in the homeowners association department of Russell Property Management.

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

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Bank Draft Authorization

Home Address	(City	State	Zip
Mailing Address for unit (If d	ifferent than addres	s above) Cit	y State	Zip
	Draft Payable to (HOA name)		
Day of Month for I	 Draft	Am	ount to be Dr	afted
Draft Frequency (circle	one)_Monthly	Quarterly_	Annu	al
Contact Phone Number	•			
Please note:				
* If HOA dues are income ** HOA dues will be done *** The HOA will draft **** Bank Drafts will NO ***** There is a \$1 fee per	rafted approximate the account balanc OT draft for special	ly 5 days before e. assessments (if	e your associa	
Bank Name:				
Account Holder Name:				
Routing #: Account #:				
Account #.	Checking	~ .		

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Credit/Debit Card Draft Authorization

Ι,	I,, hereby authorize Russell Property Management						
draft my HOA dues for the street add	dress						
Home Address	City	State	Zip				
Draft Payab	le to (HOA name)						
Day of Month for Draft	A	mount to be D	rafted				
Draft Frequency (circle one) Monthl	yQuarterly	/Anr	nual Contact Phone N	Jumber			
*** The HOA will draft the account be **** Drafts will NOT draft for special ***** There is a 3.0% fee per draft for count Holder Name:	assessments (if app						
Card Billing Address	City	State	Zip				
count#:							
xpiration Date:S	Security Code:						
Signature		Date					