

Sheraton Village Phase III Homeowner's Association, Inc.
106 Regency Blvd.
Greenville, NC 27834
Phone: 252.329.7368 Fax: 252.355.9641
www.russellpm.com

HOA Information Sheet

A. Dues: \$90.00 per month

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

HOA Manager: April Berges

All concerns and maintenance requests should be emailed to april@russellpm.com or
you may call 252-329-7368 Ext: 226

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Sheraton Village Homeowners Association 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: _____

Email Address: _____

It is very important that we get this information for your benefit. 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.

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

RUSSELL PROPERTY MANAGEMENT

106 Regency Blvd.
Greenville, NC 27834
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Tenant Information Sheet

If you rent your unit, please complete the following information about your tenant(s).

Today's Date: _____ Unit #: _____

Homeowner's Name & Mailing Address:

Phone #'s: _____

IS THIS AN INVESTMENT PROPERTY OR DOES FAMILY MEMBER RESIDE IN THIS UNIT? Please circle correct answer.

Tenant Name(s):

1. _____ Phone: _____
2. _____ Phone: _____

Tenant Vehicle Information:

Vehicle #1

Make: _____ Model: _____ Tag #: _____ Color: _____

Vehicle #2

Make: _____ Model: _____ Tag #: _____ Color: _____

Do you have a pet? Yes or No

Please make sure to give all tenants a copy of the Association by-laws and rules/regulations. Should the tenant fail to abide by said documents, the individual homeowner will be held responsible.

Signature of Homeowners

Date

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I, _____, hereby authorize Russell Property Management to draft my HOA dues for the street address _____

(Mailing Address for unit (If different than address above)	City	State	Zip
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Signature

Date

ATTACH VOIDED COPY OF CHECK HERE

Russell Property Management, Inc.

106 Regency Blvd

Greenville, NC 27834

Phone: 252.329.7368 Fax: 252.355.9641

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 _____

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