



5905 S. Main Street, Suite B, Clarkston, Michigan 48346 Phone: (248)625-1799 Fax: (866)279-5702

HOMEOWNER ASSOCIATION INFORMATION

Seller: _____

Property Address: _____

Please provide the following to Partners Title Agency

Association Name: _____

Association Mailing Address: _____

Phone: _____ Email: _____

Amount of Dues \$ _____

Check one _____ Monthly _____ Quarterly _____ Annually

Late fee if not paid by _____ Amount _____

Due's coverage dates from _____ to _____

Is water Included? _____

The Dues are: Paid in full _____ or still owing _____

Current Amount Owing \$ _____

Purpose of Dues: _____

Status Letter Charge: _____

PLEASE PROVIDE BREAKDOWN ON PAGE 2