

DECLARATION OF DEFAULT AND REQUEST TO PREPARE NOTICE OF DEFAULT

(Please submit with each new collection)



Name of Association _____

Management Company _____ Your Reference No. _____

Name(s) of Delinquent Homeowner(s) _____

Property Address _____

City/State/Zip _____

Mailing Address (If different than above) _____

City/State/Zip _____

REGULAR ASSESSMENTS	SPECIAL ASSESSMENTS
\$ _____ due on (date) _____	\$ _____ due on (date) _____
Check One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other	Check One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other
Next payment change date & amount:	Effective from ____/____/____ to ____/____/____
Date _____ \$ _____	Late Charge: \$ _____ After _____ days
Late Charge: \$ _____ After _____ days	Charge Interest: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Rate
Charge Interest: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Rate	

Management Company Collection Cost: \$ _____

An accounting statement/ledger beginning with a zero balance is attached. You may fax this form and ledger to (916) 962-1334.
We will commence collection action immediately upon receipt.

Has the Association received a written request to provide collection notices to a secondary address? YES NO
(Please provide the name and address):

I hereby designate SUNRISE ASSESSMENT SERVICES as the party authorized to sign the Notice of Delinquent Assessment and any subsequent foreclosure documents.

Signature of Authorized Representative

Title

Print Name

Dated