



Referral for Delinquent Accounts

Name of Association: _____

Name of Management Company: _____

Delinquent Owner Information:

Name: _____

Property Address: _____

Mailing Address (if different): _____

Assessment Information:

_____ Monthly _____ Quarterly _____ Annual

Amount Per Period: \$ _____

Late Fee: \$ _____ per _____ If not received by the _____ day of the month.

Interest Rate: _____ % per _____.

Special Assessment or other charges accrued on account? _____ Yes _____ No

If Yes: Purpose _____ Amount Owed \$ _____

Instructions: As an authorized representative of the Association mentioned above the undersigned has authorized Silver State Trustee Services, LLC to proceed with the collection and foreclosure procedures on the delinquent account listed above.

Please start with (check applicable item)

Intent to Lien _____

Lien _____

Violation Lien _____

BK Monitor _____

Authorized Representative of the Association:

Signature

Date

Printed Name