



NOWACKHOWARD
COMMUNITY ASSOCIATION ATTORNEYS

Collection Work Request Form

To initiate collection action, please complete this form, attach account statement, and email to workrequest@nowackhoward.com or fax to 770-863-8901.

✓ Attach a detailed account statement for each property listed below going back to the last date a \$0.00 balance was shown.

Note: If you receive a direct payment once an owner is in collections, please send us an updated account statement.

Association Information

ASSOCIATION LEGAL NAME

Delinquent Property Information

PROPERTY ADDRESS

Legal Services Requested (Check One) Lien Only Full Collections

Does the Account include fines? ** Yes No

Has the violation been corrected? Yes No

If account includes fines, please attach copies of all violation/fine letters

Note: There is a 4-year statute of limitations for assessment collection.

Owner Information

OWNER NAME

EMAIL

HOME PHONE

MOBILE

OWNER'S MAILING ADDRESS (IF DIFFERENT THAN PROPERTY ADDRESS)

OWNER'S BANK NAME *(if known)*

OWNER'S EMPLOYER NAME *(if known)*

IS THE PROPERTY LEASED? (YES OR NO) *(if known)*

TENANT'S NAME *(if known)*

Comments

Please provide any additional information you may have about this property and/or owner that my help with collection:

Form Submitted By

NAME

DATE

SIGNATURE