LEGACY SOUTHWEST PROPERTY MANAGEMENT PAYMENT PLAN PROPOSAL

Please fill out the information below and return to Legacy Southwest Property Management via email to accounting@legacysouthwestpm.com. The agreed upon payment plan must be followed to prevent further collection measures.

HOMEOWNER INFORMATIC	N (Please print)		
ASSOCIATION NAME:			
ACCOUNT NUMBER:			
Homeowner Name:		Date of First Payment:	
Property Address City		Zip Code	
Mailing Address (if different that	n property) City		Zip Code
Phone		E-Mail Address	
TOTAL AMOUNT DUE:			
Payment Due Date	Amount Due	Payment Due Date	Amount Due
I hereby agree to pay all fees due collection measures.	e on time, as specified above.	I understand that failure to pay	will result in further
ignature		Date Submitted	
Comments or Additional Inform	ation/Request:		
For Office Use Only: Approved By:		Title:	