



Community Association Delinquency/Late Fee Waiver Request

Please fill out this form if you wish to request a waiver on any delinquency or late fee you may have on your account. Your request will be reviewed with the board of your association. Please submit any supporting documentation you may have along with this request.

Fax Number: 206-522-0725

**Mailing Address: 9500 Roosevelt Way NE, Ste 100
Seattle, WA 98115**

Today's Date: _____

Name of Association: _____

Address of homeowner and lot #: _____

Phone Number: _____ Email: _____

Is this lot or unit owner-occupied? Yes / No

Month of requested delinquency/late fee removal: _____

Reason for Request: _____

Owner Name: _____ Signature: _____

Thank you. Your request will be reviewed at the next board meeting or sooner and your property manager will reply to you with an answer. Please note that this request in no way releases you from continuing to make regular payments.

Office Use Only:

WPI Comments: _____ _____ _____
Board Instruction: _____
Waiver request approved? Yes / No Alternative Resolution Description: _____ _____
Board Member Name/Title: _____
Board Member Signature: _____ Date: _____