



### Community Association Reimbursement Request

Please fill out this form if you wish to make a request for reimbursement. Please note that all requests are reviewed by the association board and will be at the discretion of the board & the governing documents to determine approval or dismissal. Please email the completed request to your property manager or you may fax or mail it to WPI's office.

Fax Number: 206-522-0725

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

Today's Date: \_\_\_\_\_ Name of Association: \_\_\_\_\_

Address of Property: \_\_\_\_\_

Your Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

Description of Reimbursement Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reason you believe this request should be taken care of by the association (please site the article in the CC&Rs that sites association responsibility)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Thank you for your request.**

<p><b>Office Use Only:</b></p> <p>Request Approved? Yes / No    Homeowner Contacted? Yes / No    Date: _____</p> <p>Reimbursement APPROVED: _____</p> <p>Reimbursement NOT APPROVED: _____</p>
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