



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>Office Use Only:</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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