

The Community Association of Bernardo Heights

Date: _		
Escrow	Company:	
Escrow	Officer Name:	
Escrow	Office Address:	
Escrow	Officer Email Address:	
Phone l	Number: Fax Number:	
A file h	as been opened for the escrow/refinance number:	for
the pro	perty known as:	
	Current Owner:	
	Buyer:	
	requesting the following items, as marked below. We understand upon payment of fees.	
•	All fees are due and payable upon submission of this form. Personal checks are not accepted. CABH accepts only cashier's checks, escrow checks, and mone All checks must be payable to "CABH". All neighborhoods in Bernardo Heights have a Sub-Management therefore a second set of HOA documents must be requested set the management company directly.	t Company,
	Item Requested	Fee
•	Statement of Account/Demand Document Package (CC&R's, By-Laws, Articles of Incorporation) Annual Financial Budget, Fidelity Bond Monthly Association Board Minutes (12 months) Final update required at close of escrow (mandatory) Total Fees	* \$200.00
	Rush Service (If received by 3:00 PM, ready by 3:00 PM next day)	+\$50.00
□ * T !	Mailing fees (no fee if courier pick-up) Total \$ ne CABH's statement of account/demand is <i>included</i> in the Sub-Manage	

statement of account/demand. Therefore, there is no separate statement of account/demand.

Once completed, email to bernardo.heights@waltersmanagement.com