Homeowners Association of West Fork, Inc.

REQUEST FOR REFUND
OF
ACC DEPOSIT BY PROPERTY OWNER

Please complete this request for refund form and forward it to the Association's Property Management Company, either by mail, fax or email:

CH&P Management
1712 N. Frazier Street, Suite 215
Conroe, Texas 77301
Phone (936) 570-0132
Fax (832) 565-1002
info@chpmanagement.com

Information to Be Supplied by Property Owner

Lot Description: Section_____ Block _____ Lot _____

Name of Property Owner: _____

Contact Information: _____
Address

_____ _____
City **Zip**

_____
Telephone and Email

1. **Has all construction activity on the residence been completed? YES or NO**
2. **Has ALL construction trash and debris been removed from the property? YES or NO**

Request Submitted by:_____on_____, _____
Property Owner **Date**

Request Approved by:_____on_____, _____
Architectural Control Committee **Date**

Refund of the Building Deposit will be mailed within thirty (30) days from the date this request is approved by the Architectural Control Committee.

Amount of Original Deposit $ _____

Amount of Approved Refund $ _____

Check # _____ Date: _____