

**DECLARATION OF DEFAULT
AND REQUEST TO PREPARE NOTICE OF DEFAULT**

(Please submit with each new collection)



Name of Association _____

Management Company _____ Your Reference No. _____

Name(s) of Delinquent Homeowner(s) _____

Property Address _____

City/State/Zip _____

Mailing Address (If different than above) _____

City/State/Zip _____

<p>REGULAR ASSESSMENTS</p> <p>\$ _____ due on (date) _____</p> <p>Check One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other</p> <p>Next payment change date & amount:</p> <p>Date _____ \$ _____</p> <p>Late Charge: \$ _____ After _____ days</p> <p>Charge Interest: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Rate</p>	<p>SPECIAL ASSESSMENTS</p> <p>\$ _____ due on (date) _____</p> <p>Check One: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Annually <input type="checkbox"/> Other</p> <p>Effective from ____/____/____ to ____/____/____</p> <p>Late Charge: \$ _____ After _____ days</p> <p>Charge Interest: <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Rate</p>
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Management Company Collection Cost: \$ _____

An accounting statement/ledger beginning with a zero balance is attached. You may fax this form and ledger to (916) 962-1334. We will commence collection action immediately upon receipt.

Has the Association received a written request to provide collection notices to a secondary address? YES NO
(Please provide the name and address):

I hereby designate SUNRISE ASSESSMENT SERVICES as the party authorized to sign the Notice of Delinquent Assessment and any subsequent foreclosure documents.

Signature of Authorized Representative

Title

Print Name

Dated