

**DECLARATION OF DEFAULT**  
**and Request for Preparation of Lien and/or 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 \_\_\_\_\_

REGULAR ASSESSMENTS	SPECIAL ASSESSMENTS
\$ _____ due on (date) _____	\$ _____ due on (date) _____
Select one: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> Other	Select one: <input type="radio"/> Monthly <input type="radio"/> Quarterly <input type="radio"/> Annually <input type="radio"/> Other
Next payment change date & amount:	Effective from ___/___/___ to ___/___/___
Date _____ \$ _____	Late Charge: \$ _____ After _____ days
Late Charge: \$ _____ After _____ days	Charge Interest: <input type="radio"/> YES <input type="radio"/> NO _____ Rate
Charge Interest: <input type="radio"/> YES <input type="radio"/> NO _____ Rate	

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.

**SERVICES REQUESTED:**

- PRE-LIEN, LIEN AND NON-JUDICIAL FORECLOSURE, PENDING FUTURE AUTHORIZATIONS
- PRE-LIEN, LIEN AND HOLD FOR UP TO A MAXIMUM OF 30 DAYS, THEN CLOSE AND BILL.
- PRE-FORECLOSURE AND NON-JUDICIAL FORECLOSURE PROCEEDINGS ONLY
- OTHER: \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Dated