



## Homeowner Association Release Letter

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Upon closing, please collect and forward the following applicable amounts (WITH A COPY OF THIS FORM) to the address below.

**Separate checks are required for the Association dues and Team Management fees, as applicable.**

Association dues checks should be made payable to the Association.

*This information is considered confidential.*

Please complete this form and return via fax to the number listed below.

**REQUESTING AGENCY** (Name/Company Name) \_\_\_\_\_

**FAX** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **CLOSING DATE:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**ASSOCIATION NAME:** \_\_\_\_\_ **PROPERTY ADDRESS** \_\_\_\_\_

**SELLER:** \_\_\_\_\_ **PURCHASER:** \_\_\_\_\_

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**ASSOCIATION FEES**

Outstanding Assessments    \$ \_\_\_\_\_  
 Association Fees Owed        \$ \_\_\_\_\_  
 Late Charges                    \$ \_\_\_\_\_  
 Special Assessments         \$ \_\_\_\_\_  
 Attorney Fees                  \$ \_\_\_\_\_  
 Initiation/CAP Fee            \$ \_\_\_\_\_

**TRANSACTION FEES**

Transfer of Ownership/Re-fi    \$75.00 \_\_\_\_  
 Certification Completion        \$25.00 \_\_\_\_  
 Copy of Covenants/By-Laws    \$25.00 \_\_\_\_  
 Insurance Declaration          \$20.00 \_\_\_\_  
 \*Urgent/Rush Delivery          \$100.00 \_\_\_\_  
 \*Applies to documents needed within (5) business days

**Balance Due Association**    \$ \_\_\_\_\_

**Balance Due Team Mgt.**        \$ \_\_\_\_\_

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*Transfers will not be made to Association records until all fees are paid.*

Should you have any questions feel free to contact our Closing Department.

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TEAM MANAGEMENT, LLC  
 PO BOX 670177  
 MARIETTA, GA 30066  
 PH: 678-393-2202    FAX: 678-393-2204  
[WWW.TEAMMGT.COM](http://WWW.TEAMMGT.COM)

**PLEASE ALLOW (5) BUSINESS DAYS FOR PROCESSING REQUESTS**