

## Fee Dispute Form

HOA/Community Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Homeowner Name: \_\_\_\_\_  
Property Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Account # (if known): \_\_\_\_\_

Owners Comments

Return this form as soon as possible to: [ahcinfo@associa.us](mailto:ahcinfo@associa.us) or fax to 512-328-6178

Click here to Save: \_\_\_\_\_      Click here to print: \_\_\_\_\_      Click here to email: \_\_\_\_\_