

**Request For Modification of Payment Terms For Assessments
Cornwallis Hills Property Owners Association**

This form must be returned by February 28, to the Property Manager.

Date: _____ Email: _____

Name: _____ Phone: _____

Address: _____

Please explain the nature of the financial hardship.

CHPOA USE ONLY

Date Received: _____

Accepted _____ Declined _____

Comments/Payment Terms

President, Cornwallis Hills Property Owners Association

Secretary, Cornwallis Hills Property Owners Association