

## The Community Association of Bernardo Heights

Date:		
Escrow Company:		
Escrow Officer Name:		
Escrow Office Address:		
Escrow Officer Email Address: _		
Phone Number:	Fax Number:	
ESCROW R	EQUEST FORM, POLICY, AND F	EES
A file has been opened for the es the property known as:	· · · · · · · · · · · · · · · · · · ·	
Current Owner:		
Buyer:		
We are requesting the following i begins upon payment of fees.	items, as marked below. We und	erstand that processing
Personal checks are not a	•	
<ul><li>CABH accepts only cashie</li><li>All checks must be payable</li></ul>	er's checks, escrow checks, and le to "CABH"	money orders.
All neighborhoods in Bern	nardo Heights have a Sub-Manaç HOA documents must be reques	• • • •
	Requested	<u>Fee</u>
• • • • • • • • • • • • • • • • • • • •	emand kR's, By-Laws, Articles of	None* \$70.00
Incorporation)  ☐ Annual Financial Budget	, Fidelity Bond	\$30.00
□ Monthly Association Board Minutes (12 months)		\$60.00
•	by 3:00 PM, ready by 3:00 PM n	ext \$50.00
- ·	close of escrow (mandatory)	\$20.00
☐ Mailing fees (no fee if cou	• • •	\$10.00
		Total \$
	int/demand is <i>included</i> in the Sub-N nerefore, there is no separate staten	

Once completed, email to bernardo.heights@associa.us.