



The Community Association of Bernardo Heights

Date: _____

Escrow Company: _____

Escrow Officer Name: _____

Escrow Office Address: _____

Escrow Officer Email Address: _____

Phone Number: _____ Fax Number: _____

ESCROW REQUEST FORM, POLICY, AND FEES

A file has been opened for the escrow/refinance number: _____ for
the property known as: _____

Current Owner: _____

Buyer: _____

We are requesting the following items, as marked below. We understand that processing begins upon payment of fees.

- All fees are due and payable upon submission of this form.
- Personal checks are not accepted.
- CABH accepts only cashier's checks, escrow checks, and money orders.
- All checks must be payable to "CABH".
- All neighborhoods in Bernardo Heights have a Sub-Management Company, therefore a second set of HOA documents must be requested separately from the management company directly.

	Item Requested	Fee
<input type="checkbox"/>	Statement of Account/Demand	None*
<input type="checkbox"/>	Document Package (CC&R's, By-Laws, Articles of Incorporation)	\$70.00
<input type="checkbox"/>	Annual Financial Budget, Fidelity Bond	\$30.00
<input type="checkbox"/>	Monthly Association Board Minutes (12 months)	\$60.00
<input type="checkbox"/>	Rush Service (If received by 3:00 PM, ready by 3:00 PM next day)	\$50.00
<input type="checkbox"/>	Final update required at close of escrow (mandatory)	\$20.00
<input type="checkbox"/>	Mailing fees (no fee if courier pick-up)	\$10.00

Total \$ _____

*The CABH's statement of account/demand is *included* in the Sub-Management Company's statement of account/demand. Therefore, there is no separate statement of account/demand.

Once completed, email to bernardo.heights@waltersmanagement.com

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Website—bernardoheights.org | Email— bernardo.heights@waltersmanagement.com