

COLBY MANAGEMENT, INC.
ACCOUNTING & MANAGEMENT SERVICES
17220 N BOSWELL BLVD, #140, SUN CITY, AZ 85373
(623) 977-3860 FAX (623) 977-3577

ASSESSMENT CHANGE FORM

ASSOCIATION NAME: _____

EFFECTIVE DATE OF CHANGE: _____

CHANGE ASSESSMENT(S) AS FOLLOWS:

- ***IF ASSESSMENT IS SAME AMOUNT FOR ALL UNITS – LIST ONCE***
- ***IF ASSESSMENT DIFFERS PER UNIT – LIST EACH AMOUNT SEPARATELY***
- ***IF EVERY UNIT IS DIFFERENT – ATTACH SEPARATE SHEET WITH LIST***

CURRENT ASSESSMENT

NEW ASSESSMENT

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

AUTHORIZED BY: _____

TITLE: _____ DATE: _____

Date received in Colby office _____ There will be a \$25 charge to back date assessment changes.