

COLBY MANAGEMENT, INC.
17220 N Boswell Blvd #140, Sun City, AZ 85373
(623) 977-3860 / Fax (623) 977-3577
srutledge@colbymgt.com

ASSESSMENT CHANGE FORM

Must be received by Colby Management 15 days prior to effective date

ASSOCIATION NAME: _____

EFFECTIVE DATE OF CHANGE: _____

CHANGE ASSESSMENT(S) AS FOLLOWS:

If Assessment is the same amount for all units, list once
If Assessment differs per unit, list each amount separately
If Assessment is different for each unit, attach a separate list

CURRENT ASSESSMENT

NEW ASSESSMENT

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

AUTHORIZED BY: _____

TITLE: _____ DATE: _____

Date received in Colby office _____

THERE WILL BE A \$35 CHARGE IF NOT RECEIVED 15 DAYS PRIOR TO EFFECTIVE DATE

If there are no changes to your assessment, please write N/A on the form and return to Colby Management