



Management Tailored to Meet Your Association Needs

HOMEOWNER AND CONDOMINIUM ASSOCIATION
MANAGEMENT PROPOSAL REQUEST

_____ Full Service Management _____ Financial Services Only

Name of the Community _____

Location _____

Number of Units _____ Single Family _____ Townhouses

_____ Condominiums _____ Detached Condominiums _____ Mixed Use (residential over commercial)

Age of Community _____ Developer of Community _____

Number of Board Members _____ Ad Hoc Committees _____

List of Committees _____

Board Meeting Frequencies and Times _____

Reserve Study Done _____ Yes _____ No When _____ By Whom _____

Transition Done _____ Yes _____ No When _____ By Whom _____

Annual Audit Done _____ Yes _____ No When _____ By Whom _____

Regular Assessments \$ _____ Per: _____ Month _____ Quarter _____ 6 Months _____ Year

Special Assessments _____ Yes _____ No _____ Pending

Details _____

Number of Delinquent Owners _____ 30 days + _____ 60 Days + _____ 90 Days + _____ 120 Days +

**MAGNOLIA
ASSOCIATION
_____MANAGEMENT LLC**



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Fiscal Year From _____ Through _____

Current Fiscal Year Budget Approved ___ Yes ___ No ___ Pending

Are the Expenses ___ Within Budget ___ Under Budget ___ Over Budget

Amenities _____

On Site Staff ___ Yes ___ No If Yes _____

Current or Pending Major Maintenance/Replacement Projects _____

Reason for change _____

Anticipated date of change _____

Expectations and Improvements from change _____

How did you hear about us _____

Your Contact Information:

Name

Name

Telephone

Telephone

Email

Email

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