

Brookfield Height Homeowners' Association
(BHHA)
P.O. Box 6502
Lafayette, IN 47903



Email: brookfieldheights@gmail.com
Website: www.brookfieldheights.org
Phone: 765-335-2442

Dear Property Owner:

This letter is your official notice of the 2019 annual assessment for the property listed below. The 2019 annual assessment for the Brookfield Heights Homeowners' Association is one hundred dollars (\$100.00). This amount is due by January 31, 2019. For your convenience you may pay your dues online. Go to our website and click on Pay HOA Dues. There is a small PayPal service fee of \$3.29.

The annual assessment is collected to pay for common expenses incurred by the association. For further information on how these funds are used, please go to our website, or you may request a copy of the annual expenses and budget at the address or email listed above.

The restrictive covenants for our properties require this payment, and if payment is not received by the due date, it constitutes a lien against your property. Additionally, failure to pay can result in interest, costs of collection (including, but not limited to, attorney fees, filing fees, and court costs), and legal action. Needless to say, it is in your best interest to pay the assessment by the due date. (Note: A copy of the covenants can be requested from the Association, or they can be downloaded from our website.)

NOTE: Lots 107 through 119 (inclusive) and lots 161 through 164 (inclusive) are the pond owners. These lot owners shall be assessed an additional \$100.00 assessment for the lake maintenance costs.

Please return the slip below with your payment. Your cancelled check will serve as your receipt. Thank you for your prompt attention to this matter.

Board of Directors
Brookfield Heights Homeowners' Association

LOT #

Due Date: January 31, 2019
Amount Due: \$100.00
Mail Payment to:

BHHA Annual Assessment
P.O. Box 6502
Lafayette, IN 47903

Please help us to update your contact information. If there are corrections that need to be made to any of the following items please indicate below and submit with your payment.
THANK YOU!

NAME:	
ADDRESS:	
PHONE NUMBER:	
EMAIL ADDRESS:	