



REQUEST FOR PAYMENT PLAN

Date: _____

Unit Name: _____

Unit Address: _____

Mailing Address (If different from Unit): _____

DETAILS OF THE PAYMENT PLAN REQUEST

Down Payment: _____

Down Payment Date: _____

Monthly Payment in Addition to the Current Assessments: _____

Start Date of Additional Monthly Payments: _____

Date of Payoff: _____

Reason for the Request: _____

Please include any additional documentation to support your request.

Signature: _____

PLEASE REMIT TO: Capital Property Solutions
P.O. Box 630, Worthington, Ohio 43085
Questions? Call (614) 481-4411

Office Use Only

Board Decision: _____ Signature: _____ Date: _____

Board Comments: _____
