



American  
Community  
Management, Inc.

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**PAID ASSESSMENT LETTER FOR REFINANCE**

TO: \_\_\_\_\_ FAX #: \_\_\_\_\_

To expedite your request, please provide us with the following:

1.) Refinance Date: \_\_\_\_\_

2.) Name of Borrower(s): \_\_\_\_\_

3.) Mortgage Co. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**E-mail (REQUIRED)** \_\_\_\_\_

4.) Address of Property: \_\_\_\_\_

5.) Processing Fee: \$75.00  
5 business days or less: \$100.00  
**(Make Check Payable to: American Community Management;  
1908 Wright Blvd.; Schaumburg, IL 60193. This must be paid in  
advance.)**

Please advise your clients that their Assessments must be PAID IN FULL through the Month of Closing. Have them contact this office for a final payoff amount.