## Crystal Springs II, Inc.

## **Special Assessment Election Form**

Name:		
Lot Number:		
Lot Street Address:		_
I elect the following:		
Lump sum payı	ment of \$1000 billed 09/01/2024	
Twelve monthly	y payments of \$84 billed starting 09/01/2024	
	gned up with Vision Community Management t and I DO NOT WANT my special assessment to b	

This form must be received by Vision Community Management no later than 08/02/2024.

Fax: 480-759-8683

Email: <a href="mailto:crystalsprings2@wearevision.com">crystalsprings2@wearevision.com</a>

Mail: Crystal Springs II, c/o Vision Community Management, 16625 S Desert Foothills Pkwy, Phoenix, AZ

85048

If you do not return this form by 08/02/2024, you will be billed twelve monthly payments of \$84 and if you are signed up for ACH, your special assessment will be withdrawn via ACH. Simply sending in a payment of \$1000 is not an election of the lump sum and will not be treated as such.