



696 San Ramon Valley Boulevard, #353, Danville, CA. 94526- Phone: 925-855-8554

FILE SUBMISSION FORM

Association Information:

Association Name: _____
 Management Company: _____
 Contact: _____ Phone: _____
 E-Mail: _____ Fax: _____
 Property Manager: _____

Choose Community Type:

Residential Commercial Mixed-Use

Choose One Collection Service:

Lien & Non-Judicial Foreclosure Lien for Fines Personal Obligation (Prior owner)

Owner Information:

Owner Account #: _____
 Owner Name (s): _____
 Property Address: _____
 City, State, Zip: _____
 Owner Phone #: _____ Owner Email: _____

PLEASE PROVIDE ALL ADDRESSES FOR THE ABOVE OWNER

Mailing Address 1: _____ Mailing Address 2: _____
 City, State, Zip: _____ City, State, Zip: _____

Please attached a full accounting ledger dating back to a zero or credit balance.

Ledgers with a balance forward will halt the process and require a breakdown be provided.

Explanation of Ongoing Assessments and Obligations:

Regular Assessments:	\$ _____	Due on the _____ st/th	Mnthly	Qtrly	Yrly	Semi-Ann.
Late Charge:	\$ _____	Due on the _____ st/th				
Cost Center / Other Assessments:	\$ _____	Due on the _____ st/th	Mnthly	Qtrly	Yrly	Semi-Ann.
Cost Center Late Charge:	\$ _____	Due on the _____ st/th				
Special Assessments:	\$ _____	Due on the _____ st/th	For _____			
Special Assessment Late Charge:	\$ _____	Due on the _____ st/th				
Delinquency Notice Charge:	\$ _____	Due _____				
Management Collection Cost:	\$ _____	Due _____				
Interest to be charged at	_____ %	Per Annum				

The undersigned hereby declares that the owner(s) of the real property as described below (the "Property") is/are delinquent in payments of their obligation to the above-described community (the "Client") as of the date indicated below. Upon signing this form, either electronically or wet-signed the Client agrees they will advise United Trustee Services ("UTS") of any changes in assessments or if any additional amounts shall become due. Client authorizes UTS to act as agent of Client, including appointment as Trustee for Client, as set forth in UT' standard Agreement, whether or not Client has actually executed such Agreement. The Client agrees not to accept any payments and shall forward to UTS any payments tendered to the Client or their agent during the collection process. The Client understands that the acceptances of payments during the process may subject the client to UTS' fees and costs. The client shall notify immediately UTS of any bankruptcy proceeding, senior lender foreclosure, or change of address. The Client declares that there are no judicial actions pending against the owner(s) of the subject property by or against the client. The client hereby acknowledges the accounting ledger attached is accurate and complete and the reconciliation of such will be done by United Trustee Services, in accordance with application as governed by the California Civil Code, unless expressly designated otherwise.

Client Name _____

Date _____

Please Email to Submissions@UnitedTrusteeServices.com or Fax to (925) 855-8559