

COLLECTION WORK REQUEST FORM

Please complete and email to workrequest@wncwlaw.com or fax to 404-926-4910.

Attach an account statement for each property listed below. If accounts contain fines, please attach the fining letters.
If direct payment is received once property is in collections, please forward an updated accounting statement upon receipt.

NAME OF ASSOCIATION: _____ DATE: _____
(Please use proper corporate name)

PROPERTY

Owner Name: _____
Owner Phone: _____ Mobile: _____ Home: _____
Property Address: _____
Owner's Address _____
(Residence): _____
(if different then property address)
Employer Information: _____ Name: _____ Phone: _____
Delinquent Amount: _____
Legal Service Requested: Lien Filing Program Standard CaRE Program Advanced CaRE Program (Foreclosure)
DOES ASSOCIATION HAVE ANY KNOWLEDGE OF ANY PENDING BANKRUPTCY ON HOMEOWNER? Yes No
DOES ASSOCIATION HAVE ANY KNOWLEDGE OF MILITARY SERVICE? Yes No
DO ANY ACCOUNTS CONTAIN FINES? Yes No Amount: _____

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Owner's Address _____
(Residence): _____
(if different then property address)
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