



# West Fork Estates Homeowners Association, Inc.

## REQUEST FOR REFUND OF ACC DEPOSIT BY PROPERTY OWNER

Please complete this request for refund form and forward it to the Association's Property Management Company, either by mail, fax or email:

Commonvest Association Management, LLC  
2251 N Loop 336 W, Ste. C  
Conroe, TX 77304  
Phone: 936-521-6900  
Fax: 936-521-6901

Your Association Manager: Kelli Baker  
[kelliann@ccamgt.net](mailto:kelliann@ccamgt.net)

### Information to Be Supplied by Property Owner

Lot Description: Section \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Address

\_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ Telephone and Email \_\_\_\_\_

1. Has all construction activity on the residence been completed? YES or NO
2. Has ALL construction trash and debris been removed from the property? YES or NO
3. Has Owner submitted copy of Certificate of Occupancy from the City of Conroe? YES or NO

Request Submitted by: \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
Property Owner Date

Request Approved by: \_\_\_\_\_ on \_\_\_\_\_, \_\_\_\_\_  
Architectural Control Committee Date

Refund of the Building Deposit will be mailed within thirty (30) days from the date this request is approved by the Architectural Control Committee.

Amount of Original Deposit \$ \_\_\_\_\_

Amount of Approved Refund \$ \_\_\_\_\_

Check # \_\_\_\_\_ Date: \_\_\_\_\_