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ATTORNEY CONTROL SHEET

(for use by client or management to turn delinquent accounts over to attorneys for collection)

Please email completed form along with statement of account, etc... to: sanderson@el-grp.com AND elg@el-grp.com

We will send an email confirmation acknowledging receipt of the account being received for collection. If you do not receive an email acknowledgment from us, please send the email again.

Name of Association:						_
Date Acct Referred:						_
Name of [Unit/Lot] Owners:	: Owner #	# 1				
	Owner #	#2				
	Owner #	#3				_
Address of Property:						
Mailing Address - Owner(s)	:					_
Assessment Fee:	Regular:	: \$	Specia	al: \$		
Close Lock-out/Lockbox Copy Final Notice Attached			Date Closed: Date Sent:			
• You must provide a	ny infor re	rmation you epresentation	u have concernin on by counsel!*	g debtor's	Bankruptcy	
(Information below is helpformation Copies of: Per	ul, howersonal C	ver is option hecks: Yes:	nal and not requir	red at time	account turned	
Other Owner Information						
Telephone:			Cell Phone	Cell Phone No:Other Information:		
E-mail/Other contact:			Other Info	rmation.		