CHINOOK GATE
Homeowners Association

Request for Pro-Rated Fees Invoice
(New Home Purchase)

Date of Request: _____

Purchaser(s) Name(s): _____

Address (in Chinook Gate): _____ Postal Code: _____

Legal Description: _____
Plan Block Lot

Possession Date: _____

Builder: _____

Send Pro-Rated Fees Invoice to:

Company: _____ Attention :_____

Address: _____ City: _____ Postal Code: _____

Email Address:_____

Phone Numuber: _____

Please allow up to 3 business days for processing

This form is available on chinookgate-connect.com