



Dear Unit Owner:

The blank voucher below may be used to submit your quarterly condominium fee.

You **MUST** write your Condominium Unit Address and payment information in the spaces provided.

Payments are due on the first of each quarter. If not received by the 15th of the month, late fees of \$25 per month will accrue.

Should you have questions concerning your account, please contact my office at 424-1480 and I will be happy to assist you.

Sincerely,

For the Board of Directors,

Brian Egan, Property Manager
Resolution Property Management

Society Hill at Merrimack Condominium Association Quarterly Payment Voucher

Condominium Unit Address: _____

Indicate Period covered: 01/01/2019 to 03/31/2019 04/01/2019 to 06/30/2019
 07/01/2019 to 09/30/2019 10/01/2019 to 12/31/2019

Quarterly Payment Amount: \$ 825.00

Amount Enclosed	\$	Check Number	
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Make check payable to **SHAMCA** or to **"Society Hill at Merrimack Condo Assoc"**
Detach and return this portion with payment to:

C/O RESOLUTION PROPERTY MGMT
1 HARDY RD # 391
BEDFORD, NH 03110