

AQUI A HARBOUR PROPERTY OWNERS ASSOCIATION, INC.
RESTART TRASH SERVICE FROM WAIVER

NAME: _____

LOT #: _____

ADDRESS: _____

FISCAL YEAR: _____

PHONE: _____

START DATE

I hereby agree to use the TRASH SERVICE provided by the AHPOA, Inc. I further agree to pay the fee for said service on a timely basis.

Note: It is the responsibility of the property owner to collect the necessary fees and submit them to the AHPOA.

The property owner is charged for all fees pertaining to their property. The AHPOA cannot bill a tenant.

Trash waivers will be accepted prior to the beginning of each quarter (July 1, October 1, January 1 and April 1).

Owner's Signature: _____

Date: _____

AHPOA, Inc. Signature: _____

Date: _____