## **Commonwealth Real Estate Services**

18150 SW Boones Ferry Road Portland, OR 97224 (503) 244-2300 (503) 768-4660 Fax

## RETURNED CHECK NOTICE

FORM 45

DATE:	COMMUNITY NAME:			
RESIDENT NAME:				
RESIDENT ADDRESS:				SPACE #:
CITY:		STATE: Oregon	ZIP:	
MAILING ADDRESS if differe	ent than above:			
CITY:		STATE:	_ ZIP:	
Dear Resident:  This letter is to advise you the monies due to the Commun returned for non-sufficient fur checks from a residence from All future payments to the C check). Please note that we for your cooperation regarding	nity. We have received two nds (NSF), etc. It is the police which we have already received must now be in the have a NO CASH POLICY;	(2) checks from your country of the Community ived two (2) returned the form of certified to we also do not ac	ou and/o / not to d checks funds (i. cept tw	or for your space that were accept personal or business s.  e. money order or cashier's o-party checks. Thank you
Management. Sincerely,				
Community Management		Tele	phone N	Number