## **Commonwealth Real Estate Services**

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

## POST-DATED CHECK NOTICE

FORM 49

DATE:	COMMUNITY NAME:			
RESIDENT NAME:				
RESIDENT ADDRES				00405 "
CITY:		STATE: <u>Oregon</u>	ZIP:	
MAILING ADDRESS	(if different than above):			
CITY:		STATE:	ZIP:	
CHECK #:	FOR THE MONTH	l OF:		, 20
Dear Resident:				
governing Real Est	of your post-dated check reference ate Law, we are not permitted ered until they may be presented	to hold checks. W	e respectf	
As a reminder, ren Rental/Lease Agree	t is due on the 1 <sup>st</sup> of the montl ment.	n, and late fees will	be assess	sed per your individua
If you have any quunderstanding and o	estions, please feel free to cor cooperation.	itact your Communi	ty Manage	r. Thank you for you
Sincerely,				
Community Manage	ement	Telep	ohone Num	ber

## Attach Check Here