



# RESIDENT DISPUTE FORM

## IDENTIFYING INFORMATION (PLEASE PRINT ALL SECTIONS OF THIS FORM)

- 1. Account Number (as it appears on your statement):
- 2. Resident Name: \_\_\_\_\_
- 3. Association Name \_\_\_\_\_
- 4. Address: \_\_\_\_\_
- 5. Home Tel: \_\_\_\_\_ Daytime Tel: \_\_\_\_\_
- 6. Mobile: \_\_\_\_\_ Email: \_\_\_\_\_
- 7. Mailing address, if different than the owner's service address:  
\_\_\_\_\_

## Grounds for Dispute (please print all sections of this form)

Amount in Dispute:

### Categories (check all that apply)

- Late Fee
- Violation Fee
- Access Denied
- Attorney Fee
- Lost Check
- Other: \_\_\_\_\_

### Type of Dispute

- Waiver of fee(s) check if this is your first filing for this issue)
- Initial appeal (check if you would like to appeal the Board of Directors response to your complaint)

Briefly state the grounds or basis upon which you believe the charges are incorrect. Attach additional sheets or documentation, if necessary.

---

---

---

---

---

---

---

---

---

---

*I certify that all statements made on this application are true and correct to the best of my knowledge and belief, and I understand that the making of any willful false statement of material fact herein will subject me to the provisions of the Penal Law relevant to the making and filing of false instruments.*

\_\_\_\_\_  
Signature of the Owner

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Printed Name of the Owner

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

# HOW TO COMPLETE THIS FORM

1. This form must be completed by the **owner** or an **Authorized Representative**. If you are not authorized to access this account, you must file a Letter of Authorization with this office.
2. Complete the entire form, including the account information and complaint description. Describe the issue as fully as possible.
3. Sign and date the form
4. Please make copies for your records of any additional documentation that you may submit, as all documentation will be retained by Management.

## How to submit this form

You may submit this form at any of the 3 ways.

1. 65 Challenger Road, Suite #320, Ridgefield Park, NJ 07660
2. You may email this form to: [residenceservices@memproperty.com](mailto:residenceservices@memproperty.com) If this is the first time you are writing about this issue, in the subject field note **Dispute**. If you are appealing a Dispute response, note **Initial Appeal** in the subject field.
3. You may submit a dispute via fax: 201-798-8588

***Please use this extra space for writing.....***

(Attach additional paper as needed)

---

---

---

---

---

---

---

---

### Office Use Only

Board Approved Yes \_\_\_\_\_ No \_\_\_\_\_

Initial Here \_\_\_\_\_ Print Name and Title \_\_\_\_\_ Dated \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Comments \_\_\_\_\_