



FAX

TO: SHERRY SIMON

FROM:

FAX: 409-769-3927

FAX:

PHONE: 409-769-2669 EXT: 106

PHONE:

SUBJECT: Units Occupied for the Current Month DATE:

COMMENTS:

THIS FORM MUST BE COMPLETED AND EMAILED TO ssimon@ocwc1.com OR FAXED TO 409-769-3927 ON THE FIRST WORKING DAY OF EACH MONTH.

IF THIS FORM IS NOT RECEIVED BY THIS DATE; THE COMPLEX WILL BE BILLED FOR THE TOTAL MAXIMUM NUMBER OF UNITS. THERE WILL BE NO ADJUSTMENTS ONCE THE BILL HAS BEEN GENERATED.

DATE: _____

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

NUMBER OF UNITS OCCUPIED: _____