Property Name C/O AMAG P.O. Box 491537 Lawrenceville, Ga 30049 Phone # 678-407-1115/Fax # 678-407-1125

Waiver Request

Please set forth any and all defenses of which you were notified, including any action you have taken to correct the violation. Please complete this form and deliver, mail, or fax to the Association within (10) days of the date of the notice. Please respond in writing or by email to ensure that we have a printed copy of your communication to your Association.

Owner Name:	
Property Address:	
Owner(s) Phone:	
Owner(s) Email:	
/iolation Date:	
/iolation:	
Comments/Response:	
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