

**3 Canyons Ranch Master Homeowners' Association
Financial Appeal Form
(fill in all information requested)**

Name: _____ Tax Parcel ID Number: 104-_____

Property Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

What are you appealing? _____ Amount: \$_____

Why are you appealing? _____

Details (if additional space is needed, please attach a separate sheet): _____

Are you attending the board meeting at which your appeal will be heard? YES _____ NO _____

Do you choose to have an _____ Open session or a _____ Closed session?

If no choice is made the session will be closed by default pursuant to ARS 33-1804 (Paragraph 5).

Completed appeal forms must be received no later than 10 days prior to the next scheduled quarterly board meeting. If you choose to be represented by counsel, you must provide the name, address, and phone number of your attorney no later than 14 days prior to the scheduled meeting. The board meeting schedule is posted at <https://threecanyonsranch.com>.

You will be notified by mail/email of the Board's decision/vote.

Signature: _____ Date: _____

Please email your signed, completed form to president@threecanyonsranch.com and treasurer@threecanyonsranch.com or mail to 3 Canyons Ranch MHOA, PO Box 970, Hereford AZ 85615.

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