



ROCKY CREEK
PROPERTY OWNERS ASSOCIATION

Mailing Address:
950 S Fry Rd.
Katy, TX 77450
www.rockycreekpoa.com

Payment Plan Request

Date: _____

Property Owner: _____

Property Address: _____

Lot # _____ **Blk #** _____

I, _____ am requesting a payment plan with the above-named Association to pay off my past due balance owed.

I will require _____ (Number of months you require. Must be between 3 to 9 months) months to pay off my past due balance owed.

I understand that once the Association has approved my request for payment plan, all costs incurred for the drafting, implementation, and maintenance of my payment plan account will be billed to my account. If I default on this payment plan, the Association has the right to continue collection efforts on my account and I will be responsible for all costs incurred.

This is an attempt to collect a debt and any information obtained will be used for that purpose.

Homeowner Signature of Acceptance of Terms

Association's Agent Signature of Approval For
Homeowner's Payment Plan Request