

Cut at dotted line. Please keep left side for your records.

MONTH: _____ 2017		MONTH: _____ 2017	REGIME PMT: \$400.00 W/ROOF ASSESS: \$505.00
Amount Paid: _____	OWNER:		
Date: _____	COTTAGE NUMBER:		
Check No: _____	PLEASE MAKE CHECK PAYABLE TO: SALT MARSH COTTAGE OWNERS ASSOC., INC. PO BOX 21994 HILTON HEAD ISLAND, SC 29925 Payment is due the 1 st of each month. A late fee of \$50.00 is incurred after the 15 th .		
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