



Seasons Four Homeowners Association
 P.O. Box 136
 Roselle, IL 60172
 www.seasonsfourhoa.com

April, 2025

|First Name| *|Last Name|*
 |Address|
 Roselle, IL 60172
 Lot # *|Lot #|*

INVOICE

HOA Dues 5/1/25 - 4/30/26: **\$539.00**

Due: May 1, 2025

\$50 penalty after June 1, 2025 + 1.5% monthly interest

PAYMENT INSTRUCTIONS

Return this invoice with payment

- Check payable to: **SEASONS FOUR HOA**
- Electronic payment (+\$20 fee): Email **President@seasonsfourhoa.com** for details
- Cash will NOT be accepted

Phone Number: *|Phone Number|*

If missing/incorrect, please update: _____

Email Address: *|Email Address|*

If missing/incorrect, please update: _____

To receive **NEW POOL KEY FOBS** please provide names of **all family members living at the above address.** (Visit website for **2025 Pool System & Rules** or get a paper copy at the pool.)

NOTE: Falsifying information to obtain additional pool key fobs for anyone not residing in your household will result in suspension of pool privileges for the household.

NAME	BIRTHDAY	ADULT / GRADE IN SCHOOL
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

POOL WAIVER

I have read, understand, and agree to the pool rules (located on website, or paper copy at the pool) and release Seasons Four HOA from any liability. I take full responsibility for my household and guests while they are at the pool. I understand that if my household or guests neglect to follow the rules, pool privileges may be suspended.

_____ Required Signature of Homeowner
