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

April, 2026

First & Last Name(s): _____

Address: _____ Lot # (if known) _____

Phone Number(s):_____ Email(s):_____

INVOICE

HOA Dues 5/1/26 - 4/30/27: **$556.00**

Due: May 1, 2026

$50 penalty after June 1, 2026 + 1.5% monthly interest

PAYMENT INSTRUCTIONS

FILL OUT and return this invoice with payment:

- Check payable to: **SEASONS FOUR HOA**
- Credit card/ACH electronic payment- (Add'l $20 fee): Email **President@seasonsfourhoa.com** for details.
- Cash will NOT be accepted

HOUSEHOLD MEMBERS

Please provide names of **all family members living at the above address**.
(Visit our website for the 2026 Pool System & Rules, or request 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	AGE (on 5/23/26) OR ADULT	CURRENT FOB COLOR/#

POOL KEY FOBS

- Please use the pool key fobs issued last year.
- Replacement cost: $10 per key fob. Contact Julie Walker: Secretary@seasonsfourhoa.com
- New residents should pick up their key fobs during guarded pool hours (12-8 p.m.)

POOL WAIVER

I have read, understand, and agree to abide by the pool rules (available on the HOA website or as a paper copy at the pool). I release **Seasons Four HOA** from any liability and take full responsibility for my household and guests while at the pool. I understand that failure by my household or guests to follow the rules may result in suspension of pool privileges.

_____ _____

Required Signature of Homeowner Date