



Mesa Village Homeowners Association

10540 Caminito Baywood
San Diego, CA 92126
www.mvhoa.org

Main Office
Phone: (858)566-0244 Fax: (858)566-0231
mvhoa@mvhoa.org

Maintenance Office
(858)566-0244 ext 3
maintenance@mvhoa.org

Document Request Form and Statement

YOUR CONTACT INFORMATION

Date: _____ Company Requesting Docs: _____ Contact: _____
Company Address: _____ City: _____
State: _____ Zip Code: _____ Contact Number: _____
Fax Number: _____ Email: _____
Property Address: _____

MESA VILLAGE OFFICE USE ONLY

Dues are paid to: _____ and next due by: _____ Unit: _____
Balance Owing: _____ make payable to: Mesa Village HOA

Prior to closing call 1-800-414-9455 for current balance.

10 Series

Model	Sqr. Feet	Hoa Fee
110	943	
210	1161	
310	1223	
410	1374	
510	1446	
610	1765	

20 Series

Model	Sqr. Feet	Hoa Fee
120	954	
220	1220	
320	1823	
420	1374	
520	1435	
620	1974	

Item	Document Description	Cost
1.	Restated Declaration of Covenants, Conditions and Restrictions	\$30.00
2.	Restated Bylaws of Mesa Village HOA	\$30.00
3.	Rules and Regulations	\$20.00
4.	Articles of Incorporation	\$15.00
5.	Current Yearly Budget	\$25.00
6.	Current Month of Financials	\$20.00
7.	6 Months of Minutes	\$40.00
8.	12 Months of Minutes	\$55.00
9.	Insurance Certificate (www.mvhoa.org)	No Charge Download
10.	Mesa Village Questionnaire	\$30
11.	Questionnaire Supplied by your office	\$45.00
12.	Mesa Village Escrow Kit (contains items 1 , 2 , 3 , 4 , 5 , 6 , 8 , 9,10,14)	\$200.00
13.	Rush me the documents! (Next Business day)	\$40.00
14.	Statement of Account	\$15.00
	Total:	

Important Notice and Disclaimer

The prices illustrated on this order form include our transfer fees. All requests are normally complete within 5 business days unless you choose our next business day rush.

All requests must include this order form and MUST be properly filled.

All document requests **MUST** be paid for up front. If for any reason you cancel this request there is a \$50 cancellation fee.

Mesa Village HOA does not offer any special delivery services. When your order is complete you will need to make arrangements with a delivery service.

Please call 858-566-0244 to confirm that we received your request.

This Form Must Be Submitted With All Orders



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Maintenance Office
(858)566-1223
mvmaintenance@san.rr.com

General Information:

- 1 What year was the project built: **1972**
- 2 Total Number of Units in Project: **538**
- 3 Total Number of Units Sold: **538**
- 4 Total Number of Units Pending Close: **0**
- 5 Total Number of Units Unsold: **0**
- 6 Is the Project Subject to Additional Phasing?: **NO**
- 7 Total of Units Owner Occupied: **414**
- 8 Total of Units Rented: **124**
- 9 Total of Units Owned by Developer: **0**
- 10 Does any one investor own more than one unit: **Less Than 1%**
- 11 What are the monthly HOA Dues: **Between \$275-\$285)**
- 12 Total Number of Units 30 days Delinquent: **17**
- 13 Are all Phases, Amenities and Facilities Completed: **YES**
- 14 Is The Project Subject to Additional Phasing: **NO**
- 15 Do the unit owners have sole ownership rights to use the common elements, facilities and limited common elements?:
YES
- 16 Is the project a planned condominium and was not a conversion: **YES**
- 17 Date the control of the HOA passed to unit owners: **March 1973**
- 18 Is there any pending litigation: **NO**
- 19 Is the project managed by outside management: **NO**
- 20 Have there been any planned special assessments in the past year: **NO**
- 21 Are there any planned special assessments in the future: **NO**
- 22 Is there more than one association for the project: **NO**
- 23 Does the HOA Waive its right of first refusal to the sale, lease, or transfer of a unit in case of a foreclosure: **NO**
- 24 Are there any resale restrictions based on age: **NO**
- 25 Is Timeshare allowed or weekly rentals: **NO**
- 26 Late Charges are **10%** per **MONTH**.
- 27 Transfer Fees are included in Document Fees (See cover sheet for costs)
- 28 Members portion of premium is included in monthly assessments.
- 29 Blanket hazard insurance is not carried by members on their units but is recommended.

Financial Information:

This information is included in the Budget, Financials and Audit. Please Request these documents.

Insurance Information:

See Attached Insurance Cover Sheet

I certify that the above information is true and correct:

Print Name: **ED WOODS**

Title: **OFFICE MANAGER**

Signature: _____

Date: _____