

 **Homeowner Information (Required) – One vote per address**

Homeowner Name(s): _____

This vote is being submitted by an authorized proxy. (Only check if using a proxy)

Street Address: _____

Email: _____ Phone: _____

Signature: _____ Date: _____

 **Voting Instructions**

Please indicate your vote below and return this completed page by ~~July 30, 2025~~ **July 25, 2025** to mailbox 1002 Silo Bend Dr. (entrance to the pool).

 **Payment Information**

If approved, the \$300 special assessment will be collected in **two installments** to ease the financial impact:

- **\$150 due by September 1, 2025**
- **\$150 due by October 1, 2025**

Payment instructions and account details will be provided following approval.

Vote

Please check **ONE** of the following options:

- YES – I approve the \$300 one-time special assessment** to fund the proposed community improvements in 2025.
- NO – I do not approve the \$300 one-time special assessment** as proposed.

If you have questions, please contact the Board at:  info@gcowhomeowners.com

Thank you for your participation and commitment to the GCOW community!