BILLING NAME

Account Activity For All/Resident Acct#: 17750

Month/Period for All Residents Report:

Note: A Selected Resident Report is always YTD

A	CCT #	RESIDENT NAME	ADDRESS	INSPECT DATE	VIOLATION	WARNING OR \$\$ FINE	Fine Amount	LETTER ISSUE	INV#	INVOICE PAID /	Invoice Balance	INVOICE PAID
17	7750	Mike Smith	20Anywhere Road	2/1/19	ARB / Construction Fine	Fine	\$100	2/5/19	4850-17750	PAID	\$0.00	10/28/19
17	7750	Mike Smith	20Anywhere Road	2/1/19	ARB / Construction Fine	Fine	\$100	2/5/19	1459-17750	PAID	\$0.00	10/28/19
17	7750	Mike Smith	20Anywhere Road	2/1/19	ARB / Construction Fine	Fine	\$200	2/5/19	1538-17750	PAID	\$0.00	10/28/19
		- TOTAL			- TOTAL Fines Applied:		\$400		- TOTAL Bala	nce Due:	\$0.00	