Welcome Package
L'Hermitage Condominium Association, Inc.

Order: Q6DQVPT8D
Address: 1219 N Jackson St Unit 308
Order Date: 06-01-2026
Document not for resale
HomeWiseDocs

13400 Bishops Lane | Suite 190
Brookfield, WI 53005
founders3.com
414.271.1111

Owners of L'Hermitage Condominium Association, Inc.

We are pleased to announce that your Board of Directors has selected Founders 3 Real Estate Services to manage the day-to-day operations of L'Hermitage Condominium Association, Inc.

As your property management company, our goal is to provide exceptional service and support. Our team is dedicated to delivering world-class management, upholding the highest standards of accountability, respect, and excellence.

New Management Begins: ***October 1, 2025***

Ways to Pay Your Monthly Dues:

1. Check – Mail payments (payable to *L'Hermitage Condominium Association*) to:
   13400 Bishops Lane, Suite 190, Brookfield, WI 53005.
2. ACH – Complete and return the attached form to set up free automatic withdrawals from your bank account.
3. Bill Pay – If you use your bank's online bill payment service, update the mailing address to the one above.
4. Online Payment Portal – You will receive an invitation in the coming weeks to join our "RentCafe" payment portal. Please note that this 3rd party vendor charges a transaction fee.

Your Management Team:

- Property Manager: *Lindsay O'Malley*
  Phone: (414) 308-5131
  Email: L'Hermitage@founders3.com
- Maintenance Technician: *Peter Fehlhaber*
  Joining the Founders 3 team on October 1 and continuing to care for the property. Please direct all service requests through Lindsay.

Emergency Maintenance:
Call 1-800-708-7462 for building or in-unit emergencies, 24/7. In-unit emergency calls will be billed directly to the unit owner.

For Founders 3 to have accurate records, please fill out the attached Unit Owner/Resident form and return it to l'hermitage@founders3.com.

We look forward to working with you and ensuring L'Hermitage remains a safe, well-maintained, and enjoyable place to live.

Patty Lux, Director of Residential – Condos
414.249.2132 plux@founders3.com

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L'Hermitage Condominium Unit Owner / Resident Information

Owner Information

Building / Unit Number: _____ /_____ Date: _____

Please include both unit numbers if units have been combined. If multiple units are owned by the same person, please fill out a separate form for each unit.

Owner(s) Name: _____

Phone Number: _____

Email Address: _____

Key Fob Number(s): _____

Address, if owner does not reside in the unit: _____

_____

Alt. Address, if owner only resides seasonally: _____
(e.g., vacation or 2nd home address)

_____

Emergency Contact
Name: _____ Relation to Owner: _____

Phone Number: _____

Non-Owner Resident Information (if applicable)

Please list each person at this address, including parttime residents who receive mail here.

Occupant Name: _____ Phone: _____

Email Address: _____ Key Fob Number: _____

Relation to Owner (e.g., Tenant, child, partner, roommate): _____

Move-In Date: _____ Lease Expiration Date: _____

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Occupant Name: _____ Phone: _____

Email Address: _____ Key Fob Number: _____

Relation to Owner (e.g., Tenant, child, partner, roommate): _____

Move-In Date: _____ Lease Expiration Date: _____

Occupant Name: _____ Phone: _____

Email Address: _____ Key Fob Number: _____

Relation to Owner (e.g., Tenant, child, partner, roommate): _____

Move-In Date: _____ Lease Expiration Date: _____

Occupant Name: _____ Phone: _____

Email Address: _____ Key Fob Number: _____

Relation to Owner (e.g., Tenant, child, partner, roommate): _____

Move-In Date: _____ Lease Expiration Date: _____

Additional Information

Key Fobs

Please list all non-residents who have key fobs.
Relation to Owner examples include Family Members, Cleaning Service, Parking Renter, or Home Health Care.

Name: _____ Relation to Owner: _____

Phone Number: _____ Key Fob Number: _____

Name: _____ Relation to Owner: _____

Phone Number: _____ Key Fob Number: _____

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Animals

Please list all animals living in the unit including pets, service animals, and emotional support animals by name and breed; fish may be listed as a school by breed. If you have a service animal or emotional support animal, please include their registration number.

_____

_____

Parking Spaces

The space number indicates any numbered tag that marks a particular space. (e.g., 1219-102)
The location indicates the building where this space exists. (i.e., 1219, 1229, or Annex)
Please check Offsite: _√_ if the occupant is not a resident of the condominium. Please include anyone who may only occasionally park in our garage.

Space Number / Location: _____ / _____

Vehicle Owner: _____ Offsite: _____

Phone Number: _____

Vehicle Make / Model: _____ / _____ Hybrid? (Y/N) _____

License Plate State / Number: _____ / _____ Plugin Hybrid? (Y/N) _____

Space Number / Location: _____ / _____

Vehicle Owner: _____ Offsite: _____

Phone Number: _____

Vehicle Make / Model: _____ / _____ Hybrid? (Y/N) _____

License Plate State / Number: _____ / _____ Plugin Hybrid? (Y/N) _____

Space Number / Location: _____ / _____

Vehicle Owner: _____ Offsite: _____

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Phone Number: _____

Vehicle Make / Model: _____ / _____ Hybrid? (Y/N) _____

License Plate State / Number: _____ / _____ Plugin Hybrid? (Y/N) _____

Mortgage and Insurance Information

Mortgage Company (if any): _____

_____

Condo Insurance Company: _____

_____

Vehicle Insurance Company: _____

_____

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FOUNDERS 3
REAL ESTATE SERVICE

13400 Bishops Lane, Suite 190
Brookfield, WI 53005
L'Hermitage@founders3.com

AUTHORIZATION TO HONOR DIRECT ACH DEBITS
DRAWN BY

L'Hermitage Condominium Association, Inc.

As a convenience to me, for payment of monthly HOA dues I hereby request and authorize L'Hermitage Condominium Association, Inc. to charge my bank account via Electronic Funds Transfer for monthly dues.

This authorization will remain in effect until revoked by me, in writing, or until the above obligation has been satisfied in full. I agree you shall be fully protected in honoring any such debit entry.

I agree that your treatment of each such debit entry, and your rights in respect to it, shall be the same as if it were signed by me. I fully agree that if any such debit entry be dishonored, whether with or without cause, you shall be under no liability whatsoever even though such dishonor may result in the forfeiture of services.

Bank Name:_____

Routing Number:_____ Account Number:_____

_____ _____ _____

Date Signature of Depositor Printed Name

_____ _____ _____

Date Signature of Depositor Printed Name

Note: Signature of Depositor must be consistent with Bank records for the account which this authorization is applicable.

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