

Hibben Ferry Regime Fee

Payment Reminder Card

(Homeowner Copy to Keep)

Please forward your monthly Regime Fee as follows:

Payable to: Hibben Ferry
Mail to: AMCS- Hibben Ferry
PO Box 62109
North Charleston, SC 29419

General Items: 345-8163 Accounting Items: 764-2360 Fax: 764-2363

Payment Log Amount: _____

Year: **200**__

J _____ J _____
F _____ A _____
M _____ S _____
A _____ O _____
M _____ N _____
J _____ D _____

Year: **200**__

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