

JANUARY 2026



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME:

UNIT ADDRESS:

CHECK #:

AMOUNT PAID\$:

Due by the 1st of the month. Late charges will apply after the 15th.

FEBRUARY 2026



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME:

UNIT ADDRESS:

CHECK #:

AMOUNT PAID\$:

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MARCH 2026



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME:

UNIT ADDRESS:

CHECK #:

AMOUNT PAID\$:

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ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

APRIL 2026

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

MAY 2026

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

JUNE 2026

MONTHLY ASSESSMENT - \$285.00

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.

JULY 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

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AUGUST 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.

SEPTEMBER 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE:

NAME: _____

UNIT ADDRESS: _____

CHECK #:

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.

OCTOBER 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE: _____

NAME: _____

UNIT ADDRESS: _____

CHECK #: _____

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.

NOVEMBER 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE: _____

NAME: _____

UNIT ADDRESS: _____

CHECK #: _____

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.

DECEMBER 2026

MONTHLY ASSESSMENT - \$285.00



ACACIA ASSOCIATION
111 CASCADE DRIVE
INDIAN HEAD PARK, IL 60525

DATE: _____

NAME: _____

UNIT ADDRESS: _____

CHECK #: _____

AMOUNT PAID\$: _____

Due by the 1st of the month. Late charges will apply after the 15th.