

DOCUMENT REQUEST FORM

Member's Name: _____

Address: _____

Daytime Phone: _____ Email: _____

Please specify which records you are requesting:

A. Governing Documents:

- Declaration of Covenants
- Bylaws
- Articles of Incorporation
- Design Guidelines & Community Standards
- Board Resolution (specify) _____

B. Financial Documents:

- a. Operating Budget
- b. Financial Statement

C. Other:

The cost of these copies shall be \$.25 per page plus \$10 staff assistance. Payment must be received at time of service, paid by check or money order (no cash). Checks must be made payable to the Association, not the management company.

Please identify the purpose for which you are requesting this information: _____

If this document is to be picked up by someone other than the member named above, please provide authorization:

By checking this box and giving my signature below, I am authorizing the following person to pick up my requested document(s); I accept full responsibility for the use of this information and for where it is disclosed as a result of receiving this information.

Name: _____

Company: _____

Acknowledgement

This form must be received before any copying of records. Examination of books and records of this Association is available during normal business hours in accordance with State law. Certain information is required to be made available. However, the persons requesting the information are solely responsible for any legal liability or damages arising from or relating to their use of the information. The Association assumes no liability or responsibility for the manner in which the persons to whom it is provided use the information or for any misrepresentations made by those persons in this information request. Any expense in fulfilling the Member's request shall be the expense of the member and not of the Association and shall be due at the time services are rendered.