

REQUEST TO INSPECT ASSOCIATION RECORDS

Member Name: _____

Date: _____

Address: _____

Telephone (or other contact info.): _____

I certify that my request to review the records of the Association is for a proper purpose related to my membership in the Association, and that this request is not for commercial purposes or my personal financial gain.

I acknowledge and accept the Association's records access and inspection procedures. I acknowledge and accept that the books and records of the Association will be made available to me only at such time and place as the Association's policy provides, and that there may be a cost associated with making these documents available to me. I agree to pay any costs associated with reviewing the books and records of the Association, including but not limited to the actual and reasonable costs of labor and photocopying material.

I acknowledge that the records produced to me may include information not generally known to persons who have not actually inspected these records ("Unpublished Information"). I agree with the Association that I will not disclose or use, directly or indirectly, any of the Unpublished Information produced to me in response to this Record(s) Request, except in the exercise of a right specifically created by the Governing Documents.

Member Signature: _____

Date: _____

Member's Agent: _____

Date: _____

ASSOCIATION POLICY ON EXAMINATION OF ASSOCIATION RECORDS