3001 CONDOMINIUM ASSOCIATION, INC

Request for Records Review

Person making request:
Name _____
Address _____
Phone number _____ Cell _____
E-mail address _____

Reason for Request

_____
_____
_____
_____

Documents Requested:

_____ Annual Meeting minutes Dates requested _____

_____ Board Meeting minutes Dates requested _____

_____ Balance Sheet Statements Dates requested _____

_____ Income Statements Dates requested _____

_____ Correspondence Pertaining to _____

_____

_____ Other (list in detail) _____

_____

_____ Association membership list _____

I understand that the records can only be physically inspected within the management company during normal business hours within five (5) business days of this request or during the next regularly scheduled Owner or Board meeting occurring within 30 days of the Owner's request, at the discretion of the Board. If physical copies of records are requested to be mailed, faxed, or electronically mailed, a per page charge of $0.10 plus office staff time to copy the records will be billed and due. Additional mailing charges may apply. These charges shall be at the Owner's expense and may be collected by the Association in advance. Those items that are between the Board of Directors and an attorney are not open for review. Items that are of a personal nature shared with the Board by a specific Association member will not be open for review.

_____ _____
Signature of person making request Date

_____ _____
Board Member or Management Company Date