

Request to Examine & Copy Books & Records of the Association

Name: _____ Account Number: _____

Address: _____

Phone Number: _____ Email: _____

Description of Request:

OFFICE USE ONLY:

Staff: _____ Date: _____

Start Time: _____ Finish Time: _____

Amount Due: _____ Form of Payment: _____

Signature: _____

Date Records Received: _____