

**DOCUMENT REQUEST FORM**

Name of Requesting Party: \_\_\_\_\_

Relation of Requesting Party to Unit: \_\_\_\_\_

Property Address: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please specify which records you are requesting to be examined  or copied :

Governing Documents:

- Declaration (Covenants)
  - Bylaws
  - Articles of Incorporation
  - Policies, Procedures, Rules and Regulations
- \_\_\_\_\_

Financial Documents:

- Financial Statement

Other:

- Please describe:
- \_\_\_\_\_

The undersigned agrees to pay the cost of copying, as set by the CCHOA's Board. Payment must be received at time of service, paid by check.

**Acknowledgement**

This form must be received before any inspection or copying of records. Examination of books and records of the CCHOA 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 CCHOA assumes no liability or responsibility for the information provided, nor its use or misuse. *The CCHOA does not warrant or represent the accuracy, completeness, or any other matter in the materials provided.* The Requesting Party agrees that any information shall not be used for commercial, solicitation, illegal or improper purposes, and to indemnify the CCHOA from any claims or expenses resulting from the use of such information. Any expense in fulfilling the Member's request shall be the expense of the Member and not the CCHOA and shall be due at the time services are rendered.

Signature of Requesting Party: \_\_\_\_\_ Date: \_\_\_\_\_