PINE CREEK VILLAGE ASSOCIATION, INC.

REQUEST FOR ACCESS TO ASSOCIATION RECORDS

Member Name:		Date:	
Address	S:		
Telepho	one #:		
Creek V	nt to state law and the Association's Records In fillage Association, Inc. provide access to the on receipt of this request, the Association will s s hours.	records of the Association. I understand	
1.	The records that I wish to review are (attach a	separate piece of paper if necessary):	
	A B C.	1	
and acc place as copies of docume comme by the A	I acknowledge and accept the Association's recept that the records of the Association will be as the Association's policy provides, and that the of these documents for me. I agree to pay any ents. In the event the records provided to me broial purposes, I will be responsible for any and Association, including attorney fees, and I shall e to the Association through its governing doc	made available to me only at such time and ere may be a cost associated with providing costs associated with copying these by the Association are used for any diall damages, penalties and costs incurred be subject to all enforcement procedures	
Membe	r Signature:	_ Date:	