## **Document Request Form**

Name o	f Requesting Owner:	
Request	ted Date and Time for Examination:	
Unit Ad	ldress:	
Daytime Phone:		Email:
Go □ □ □	st to examine or copy the following: verning Documents: Declaration (Covenants) Bylaws Articles of Incorporation Design Guidelines Policies Proceedures Pulse and Populations	<ul> <li>Financial Documents:</li> <li>Operating Budget</li> <li>Financial Statement</li> </ul>
	Policies, Procedures, Rules and Regulations Board Minutes (please specify):	Other: Please describe:
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Pursuant to Colorado State Law and the Association's procedure regarding member access, inspection and copying of the Association's documents, I agree to pay in advance the cost of copying and labor, as set by the Association's records custodian. Payment must be received at time of examination, paid by certified funds or money order (no cash). I further agree that if the cost exceeds the estimate I will pay the additional charges at the time of inspection or prior to copying and delivery of records.

I certify that my request to review the books and records of the Association is in accordance with the Association's Records Rules and that this request is not for commercial purposes or my personal financial gain or for any solicitation, illegal or other uses violating the Association's Records Rule.

I understand that examination of books and records of this Association will be made available during normal business hours in accordance with state law at a time and place designated by the Association. I estimate that the inspection will require \_\_\_\_\_ hours. I understand that this Document Request Form must be submitted at least ten (10) days prior to inspection. I understand that I will pay as noted above, the labor costs for retrieving, copying and/or witnessing the examination of books and records of this Association.

I agree that I am solely responsible for any legal liability or damages arising from or relating to my use of the information; and that the Association assumes no liability or responsibility for the information provided, nor its use or misuse, and that the Association does not warrant or represent the accuracy, completeness, or any other matter in the materials provided.

I agree that any information shall not be used for commercial, solicitation, illegal or other use in violation of the Records Rule, and to indemnify the Association from any claims or expenses resulting from the use of such information, in the event the records provided to me by the Association are used in violation of this Form; in such case, I will be responsible for any and all damages, penalties and costs incurred by the Association, including attorney fees, and I shall be subject to all enforcement procedures available to the Association through its governing documents and/or Colorado law.

Signature of Requesting Owner:	Date:
Signature of Requesting o where	Bate.