

## REQUEST TO INSPECT RECORDS

This written request is pursuant to the rule or Policy on Records Inspection of CRYSTAL CROSSING HOMEOWNERS ASSOCIATION, Inc.

To: CRYSTAL CROSSING HOMEOWNERS ASSOCIATION, INC.

c/o: \_\_\_\_\_

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

Email: \_\_\_\_\_

Date of this Request: \_\_\_\_\_ 20\_\_

Date you or your agent intends to inspect the records (Must be at least 10 days after date of request): \_\_\_\_\_ 20\_\_

Person(s) requesting inspection of the Association's records \_\_\_\_\_

Person(s) who will be present for the review of the Association's records: \_\_\_\_\_

**Please note that all actual and anticipated costs of inspection and any authorized copies must be paid in advance by the person requesting them. State with particularity the records requested for inspection. Please include type and date(s) of record(s), those records for which you request a copy, and any specifics that will identify the information you seek to review. If necessary, use additional sheets.**

Record	Date
_____	_____
_____	_____
_____	_____

Requested by : \_\_\_\_\_  
Signature

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

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