

CPMG MANAGED ASSOCIATION
RECORDS INSPECTION AND COPYING REQUEST

Please provide the following information in order to copy / inspect Association records. The records you have requested will be made available to you five (5) business days after our office receives this notice, during normal business hours 9:00 AM- 6:00 PM, Monday through Friday, excluding legal holidays. If your Association's Governing Documents specify a shorter time period than five (5) business days for availability of documents for inspection, the information will be provided as required within the business hours stated above.

Copy Charge: \$.25 per page

HOMEOWNER ASSOCIATION NAME: _____

HOMEOWNER NAME: _____
(PLEASE PRINT)

YOUR ADDRESS IN THE ASSOCIATION: _____

ALTERNATE ADDRESS (IF APPLICABLE): _____

DOCUMENTS REQUESTED: _____

PURPOSE OF DOCUMENTS / YOUR INTENT FOR USE: _____

By signing below, you are agreeing that the documents requested will be used only for the intent stated above.

SIGNATURE: _____ DATE: _____