

INFORMATION REQUEST FORM

NOTE: No information concerning the Association, its members, personnel, directors, agents, employees, or operations shall be made available (except for routine public information covered in the Association's policy on "Requests for Association Information") unless the requesting party completely fills out and executes this form.

REQUESTING PERSON'S IDENTIFICATION:

NAME: _____ TELEPHONE: _____

ADDRESS: _____ ACCT NO.: _____

CITY, STATE & ZIP: _____

STATE SPECIFICALLY WHAT INFORMATION IS BEING REQUESTED:

STATE SPECIFICALLY WHY YOU WANT SUCH INFORMATION AND TO WHAT USE YOU WILL PUT IT:

IF YOU ARE REPRESENTED BY AN ATTORNEY IN THIS REQUEST, PLEASE STATE SUCH ATTORNEY'S NAME, BUSINESS ADDRESS, AND TELEPHONE NUMBER:

IT IS UNDERSTOOD AND AGREED THAT THE UNDERSIGNED WILL NOT PUT, NOR PERMIT OTHERS TO PUT, THE REQUESTED INFORMATION TO A USE OTHER THAN THAT ABOVE STATED. IT IS ALSO UNDERSTOOD THAT THE UNDERSIGNED WILL BE CHARGED FOR THE ASSOCIATION'S COSTS REASONABLY INCURRED IN MAKING SUCH INFORMATION AVAILABLE, AND IT IS HEREBY AGREED THAT THE UNDERSIGNED WILL PAY ALL COSTS, AS DETERMINED BY THE ASSOCIATION, AT THE TIME THE INFORMATION IS PROVIDED.

SIGNATURE

DATE

PRINT NAME

FOR OFFICE USE

ACTION TAKEN

DATE: _____

SIGNED: _____

TITLE: _____